

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Blades* Town *Choptank* County *Caroline* MARYLAND

Died at *Choptank* Date of death *1909 April 5* Age *84* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Retired farmer* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Mary E Todd*

Father's Name *John Blades* Father's Birthplace *Md*

Mother's Maiden Name *Don't know* Mother's Birthplace *Md*

Name of person giving Information *John I Blades* How related to deceased *Son*

CAUSES OF DEATH

154
How longPHYSICIAN
OR CORONER

Primary *Old Age*

Immediate *Old Age*

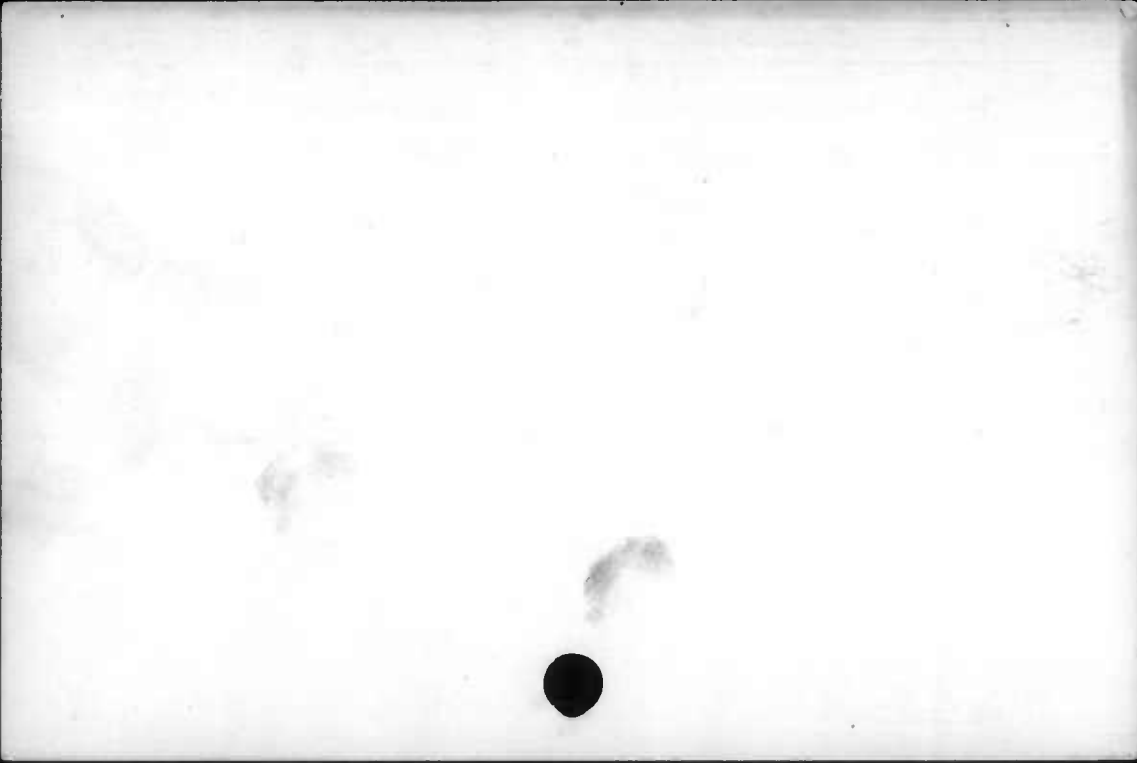
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas B. Harrison
Sub Registrar
Preston, Md.

Accident or Suicide



me
in
Full

Herbert S. Boardley,

CERTIFICATE OF DEATH

Died at <i>Mr. Zion</i>		County <i>Caroline</i>		MARYLAND	
Date of death	Month <i>Apr.</i>	Day <i>24</i>	Years <i>28</i>	Months <i>10</i>	Days <i>X</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Em. Zion</i>		
Occupation <i>Store keeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ella. Boardley</i>				
Father's Name <i>Chas. S. Boardley</i>	Father's Birthplace <i>Em. Zion</i>		Mother's Birthplace <i>Em. Zion</i>		
Mother's Maiden Name <i>Margaret Jane Ash.</i>	How related to deceased <i>brother.</i>				
Name of person giving Information <i>Albert Boardley,</i>					

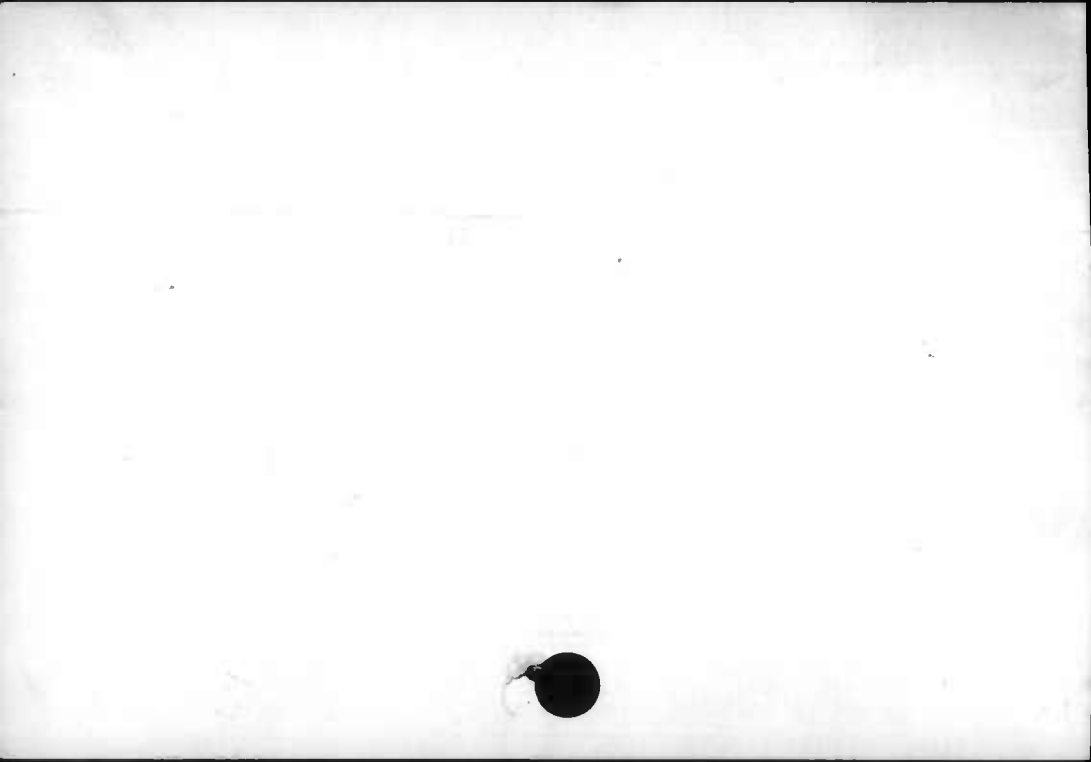
CAUSES OF DEATH

27

Primary	<i>Tuberculosis</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Levon Goldsboro md</i>
Accident or Suicide			

NEAREST FRIEND

OR CORONER



Name
in
Full

Katherine Boston

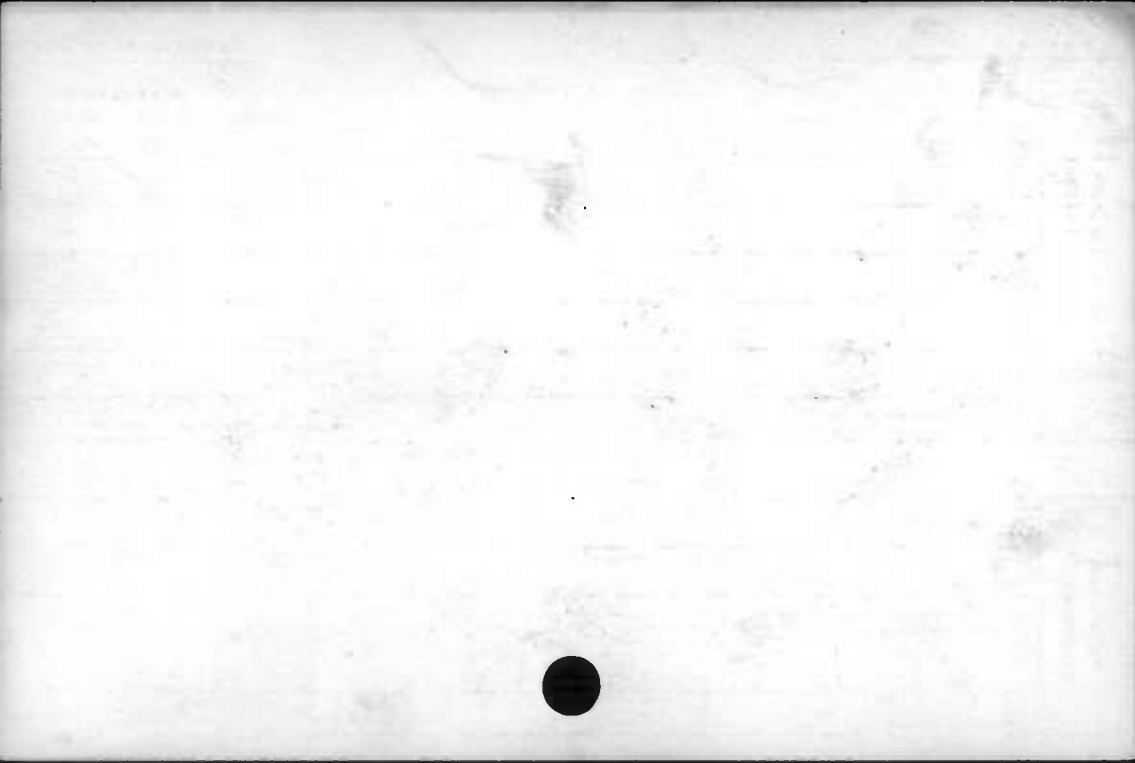
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Drum* Town *Caroline* County *X* **MARYLAND**Date of death 190 *9* Month *4* Day *8* Age *3* Years *3* Months *3* Days *—*Sex *Female* Color or Race *Black* Birth-place *md*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Roll Boston* Father's Birthplace *md*Mother's Maiden Name *Elmer Linnage* Mother's Birthplace *md*Name of person giving Information *Roll Boston* How related to deceased *Father*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONERPrimary *Infection* How long *7 months*Immediate *Exhaustion* How long *2 weeks*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. M. Nichols*Address *Drum md*Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Ida E. Carter* Town *Newton* County *Caroline Co.* MARYLAND

Died at *Newton*

Date of death *1909* Month *4th* Day *9th* Age *30* Years Months *2* Days *27*

Sex *Female* Color or Race *white* Birth-place *Newton*

Occupation *Farmer's wife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of Wife or Husband *Abner Carter Jr*

Father's Name *Wm. R. Butler* Father's Birthplace *Caroline Co.*

Mother's Maiden Name *Woods* Mother's Birthplace *" "*

Name of person giving Information *Viola Woods* How related to deceased *Cousin*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

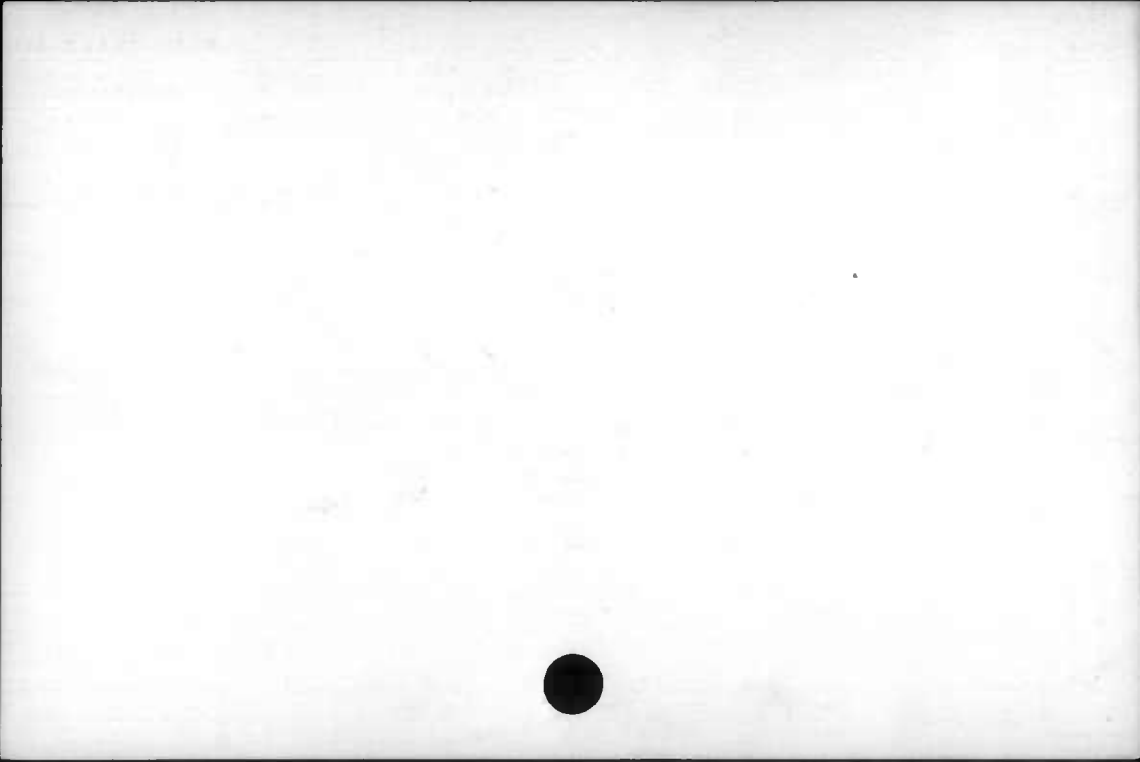
Primary *Pulmonary Tuberculosis One year* How long

Immediate *Same* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *P. R. Zieher*

Address *Newton*

Accident or Suicide *No*



Name
in
Full

Clarence Christopher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Preslin ^{Town} Caroline ^{County}
Date of death 1909 April ^{Month} 18 ^{Day} Age 34 ^{Years} 1 ^{Months} 17 ^{Days}
Sex Male Color or Race White Birth-place Maryland
Occupation Farmer Where Residing if not at place of death Preslin Md

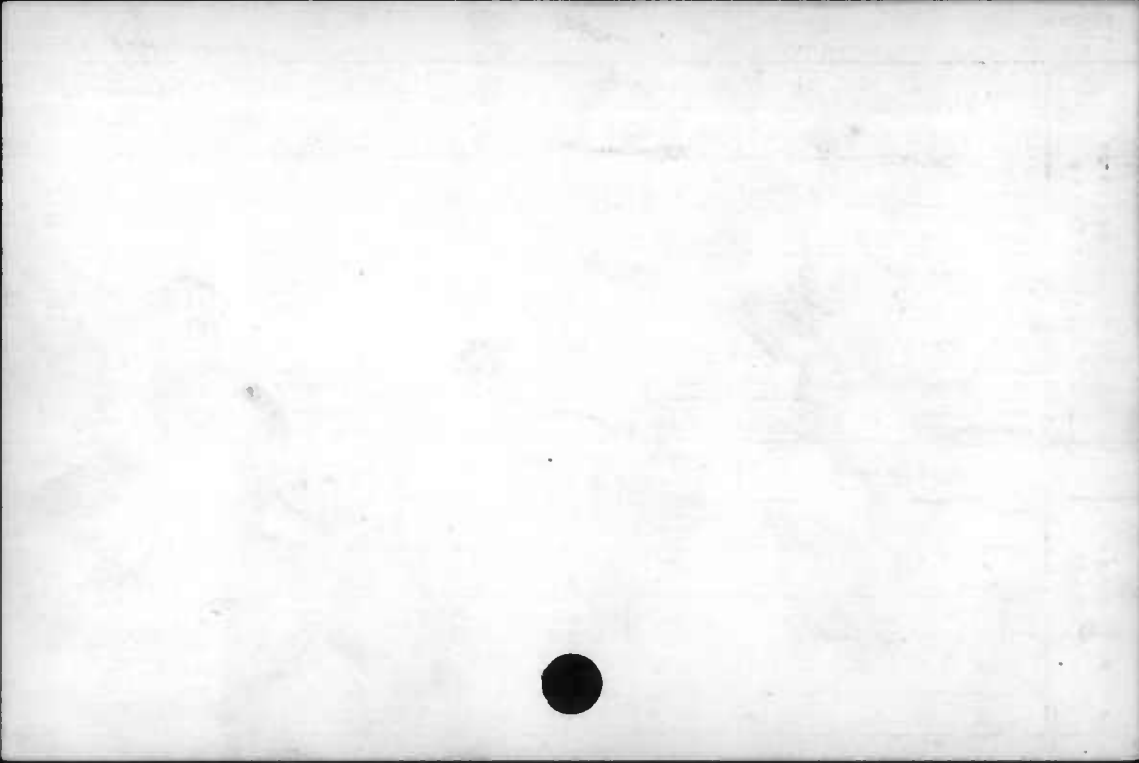
Married, Single or Widowed Single Name of Wife or Husband
Father's Name Seles Christopher Father's Birthplace Caroline Co Md
Mother's Maiden Name Mary Ellen Dush Mother's Birthplace " " "
Name of person giving Information Seles Christopher How related to deceased Father

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long 3 years
Immediate Exhaustion How long few weeks
Are the name, age, sex, color, date and place correctly given above?
Signature of Physician Ed M. McVie M.D.
Address Preslin Md
Accident or Suicide



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John W. Clark*

Town *Ridgely* County *Caroline* **MARYLAND**

Died at *Ridgely*

Date of death *1909 Apr. 8* Month *Apr.* Day *8* Age *44* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Md.*

Occupation *Laborer* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Isabelle Swiggitt Clark*

Father's Name *Asbury Clark* Father's Birthplace *Md.*

Mother's Maiden Name *Annie Askins Clark* Mother's Birthplace *Md.*

Name of person giving Information *Harrison Clark* How related to deceased *Brother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Phthisis Pulmonalis* How long *Six months*

Immediate *Exhaustion* How long *-*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. S. Stone M.D.*

Address *Ridgely Md.*

Accident or Suicide *no.*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

David Kemmerle Diefenderfer

Town *Ridgely* County *Caroline* MARYLAND

Died at *Ridgely*
Date of death 1909 *Apr.* Month *22* Day *84* Age *5* Years *12* Months *12* Days

Sex *Male* Color or Race *White* Birth-place *Penna.*

Occupation *Retired* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Christiana Bender*

Father's Name *Henry Diefenderfer* Father's Birthplace *Germany*

Mother's Maiden Name *Sam't known* Mother's Birthplace *Germany*

Name of person giving Information *J. W. Diefenderfer* How related to deceased *Son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

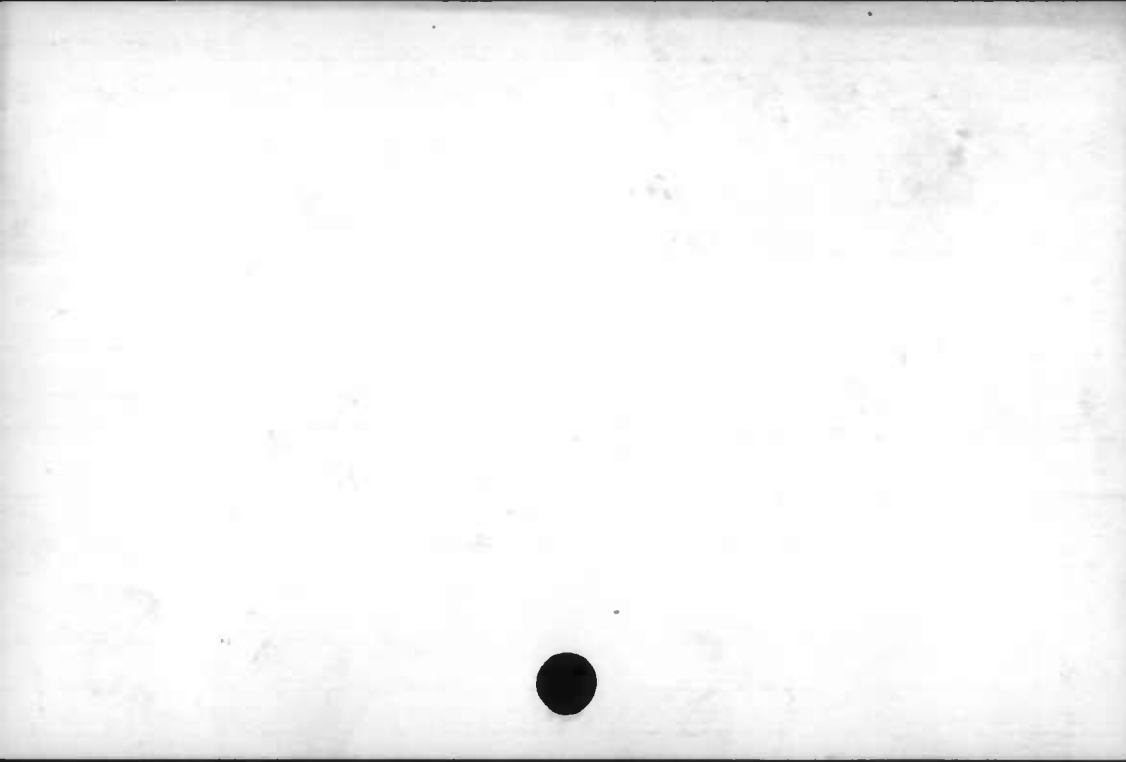
Primary *Senility* How long *-*

Immediate *Exhaustion* How long *-*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *D. J. Stone M. D.*

Address *Ridgely Md.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Hurrieta Dyer* County *X*

Died at *near Ridgely* *Caroline* **MARYLAND**

Date of death *1909* Month *April* Day *4* Age *85* Years *8* Months *8* Days

Sex *Female* Color or Race *White* Birthplace *Maryland*

Occupation *None* Where Residing if not at place of death *-*

Married, Single or Widowed *Widow* Name of Wife or Husband *Wm Dyer*

Father's Name *Jas Cochr* Father's Birthplace *Id -*

Mother's Maiden Name *Dont know* Mother's Birthplace *Dont know*

Names of person giving Information *John Smiley* How related to deceased *son-in-law*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Smility* How long

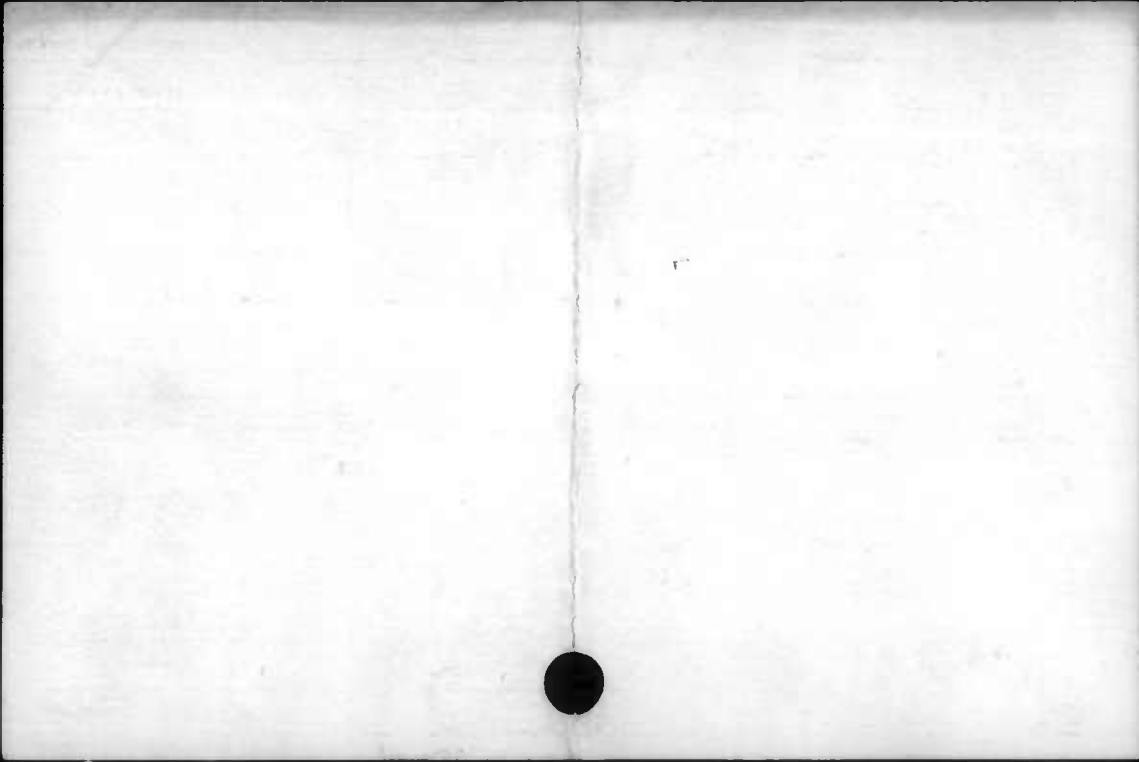
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. J. Stone M.D.*

Address *Ridgely Md.*

Accident or Suicide *No*



Name
in
Full

Jm Dr Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Greensboro</i> Town <i>Caroline</i> County		MARYLAND			
Date of death <i>1909</i>	Month <i>4</i>	Day <i>11</i>	Age <i>75</i>	Months <i>7</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Blawan</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>near Greensboro</i>			
Married, Single <i>married</i>	Name of Wife or Husband <i>Ellen Edwards</i>				
Father's Name <i>Philman Edwards</i>	Father's Birthplace <i>Del</i>		Mother's Birthplace <i>Del</i>		
Mother's Maiden Name <i>Eunice Smith</i>	How related to deceased <i>Son</i>				
Name of person giving information <i>Joseph Edwards</i>					

CAUSES OF DEATH

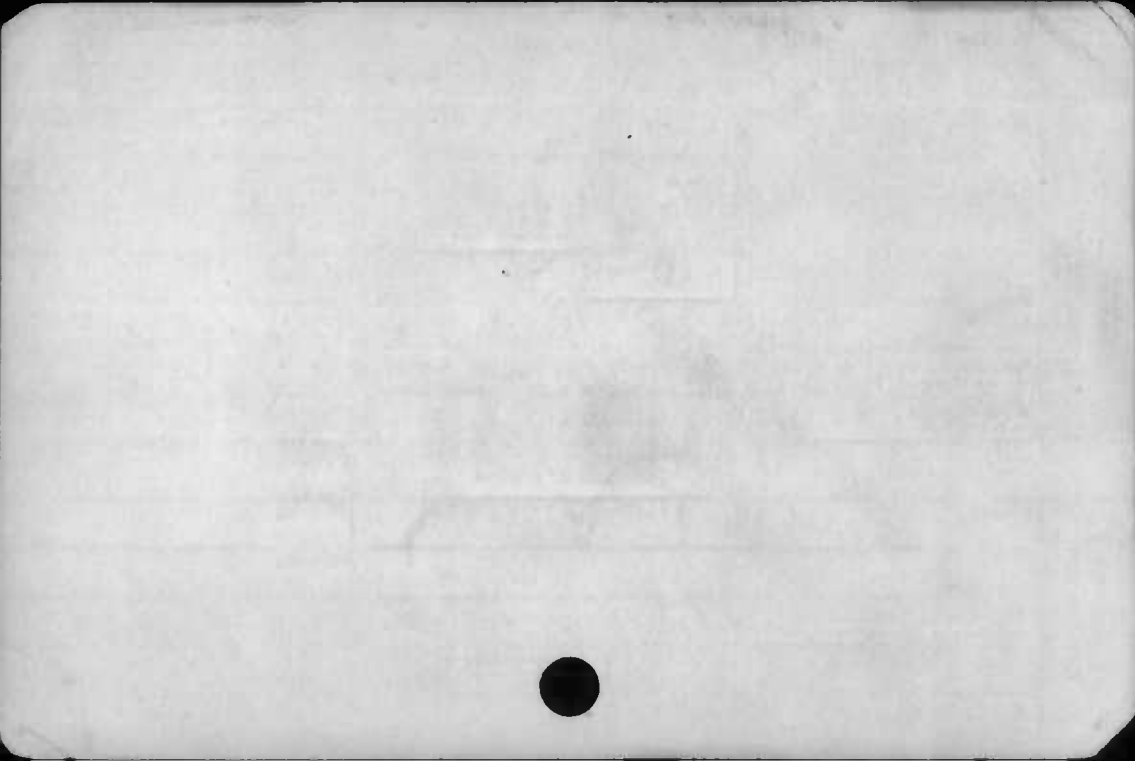
154

How long

How long

PHYSICIAN
OR CORONER

Primary <i>Senile debility -</i>	
Immediate <i>Heart failure</i>	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Folds</i>
	Address <i>Greensboro, N.C.</i>
Accident or Suicide?	



Name
in
Full

Ida Virginia Fluharty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

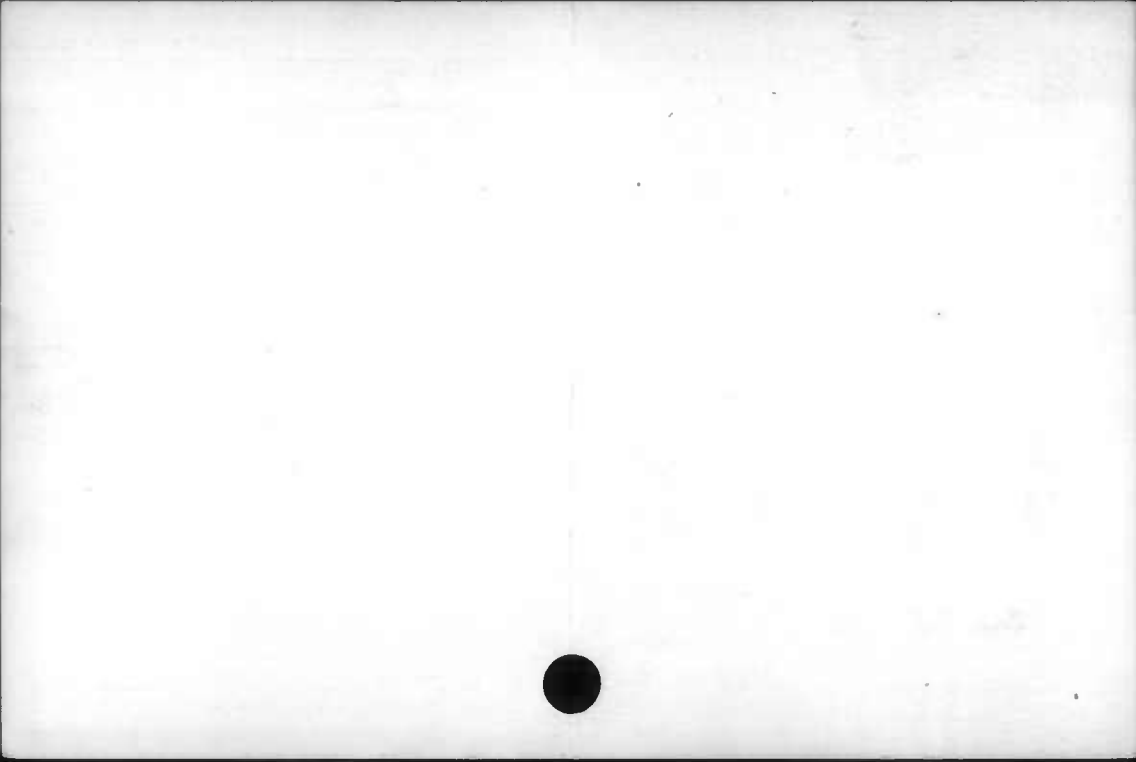
Died at		Town American Corner		County Caroline		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Apr.	9	4		1	1
Sex		Color or Race		Birth-place			
Female		White		Caroline Co.			
Occupation				Where Residing if not at place of death			
Child							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Frank Fluharty				Caroline Co			
Mother's Maiden Name				Mother's Birthplace			
Bessie Rowe				Caroline Co			
Name of person giving Information				How related to deceased			
Rufus H Rowe				Grand father			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Acute Phthisis	How long	4 weeks.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		F. J. T Brooks,	
		Address	
		Fidelsburg,	
		Caroline Co Md.	
Accident or Suicide			



Name
in
Full

Mattie Gould

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

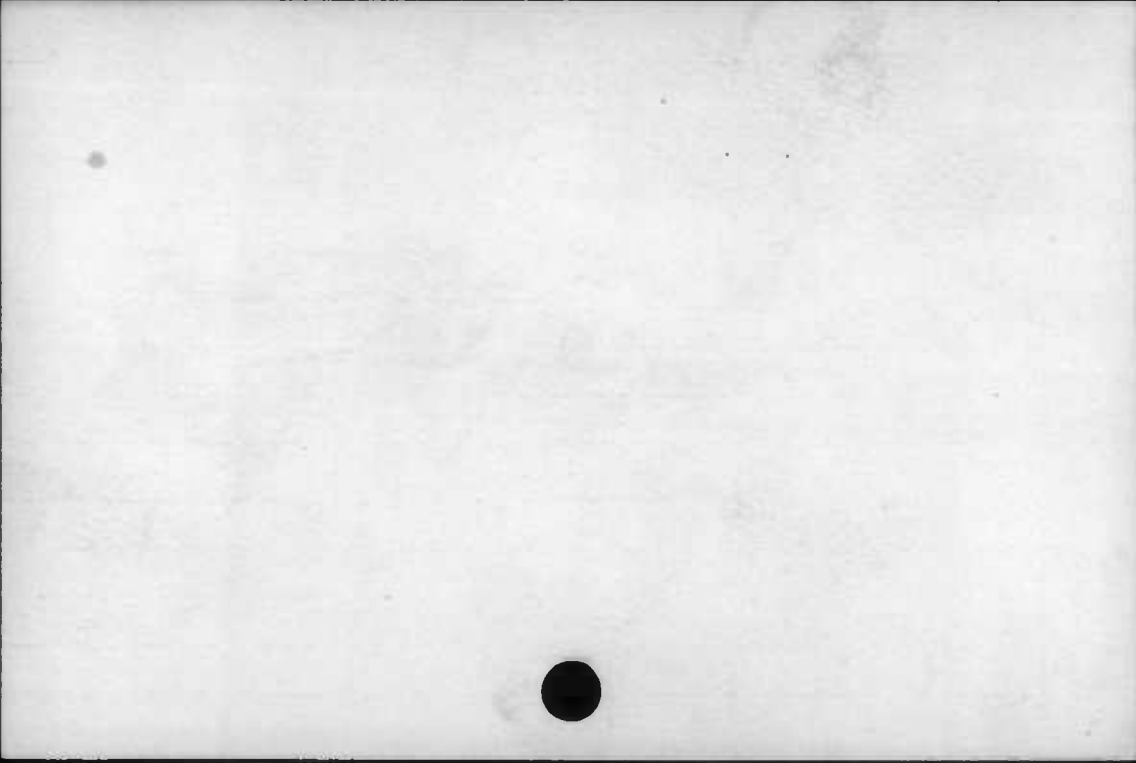
Died <i>near Greenboro</i>		County <i>X</i>		MARYLAND	
Date of death 190	Month <i>April</i>	Day <i>25</i>	Years <i>1</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>near Greenboro</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>		
Name of Wife or Husband <i>none</i>					
Father's Name <i>Charles Gould</i>			Father's Birthplace <i>Centerville, Md.</i>		
Mother's Maiden Name <i>Cassie Groce</i>			Mother's Birthplace <i>Greenboro Md.</i>		
Name of person giving information <i>Charles Gould</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>6 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Williams</i>
	Address <i>Greenboro</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Elizabeth Groce* County *Caroline*
 Died at *Northridge* Maryland
 Date of death *1909 Apr 5* Age *6* Months *29*
 Sex *Female* Color or Race *Black* Birth-place *Id.*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

93

Primary

How long

Immediate

How long

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Lillian Griffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Denton Town Caroline County MARYLAND

Date of death 1909 Month 4 Day 10 Age 3 Years Months Days

Sex Female Color or Race White Birth-place md.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name John Griffin Father's Birthplace md.

Mother's Maiden Name Susie Pamela Mother's Birthplace Del.

Name of person giving Information Susie Griffin How related to deceased Mother

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

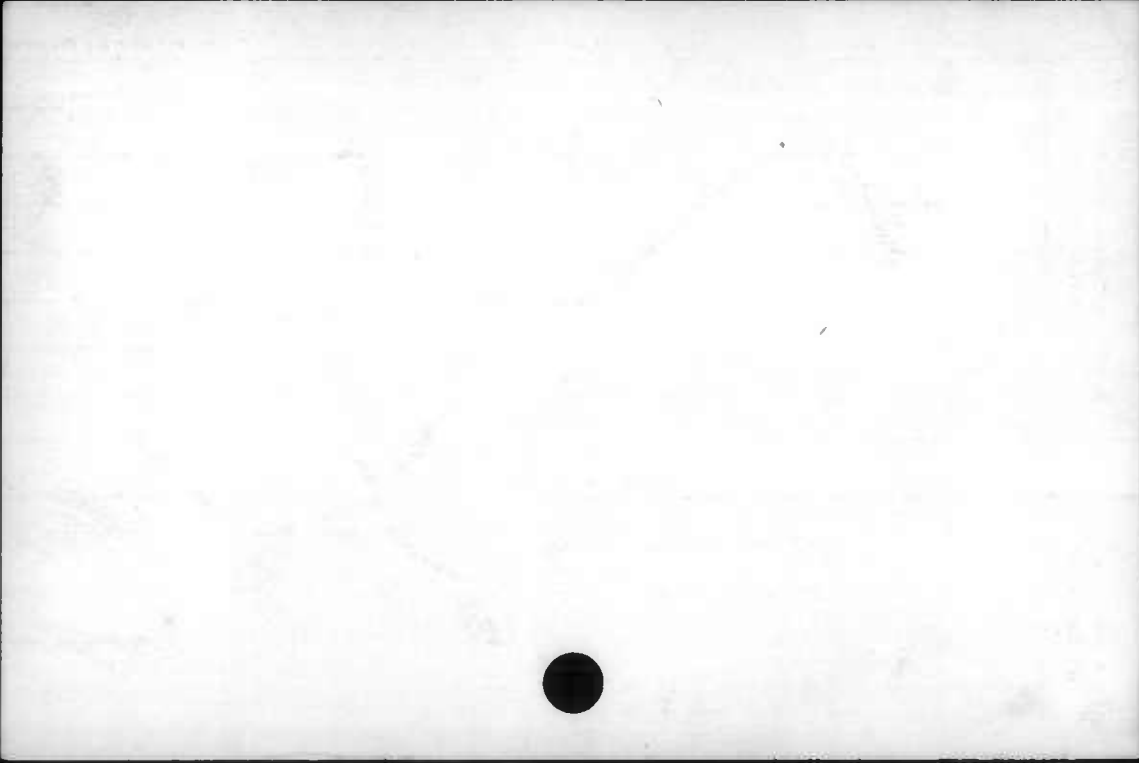
Primary Pneumonia How long 3 weeks

Immediate Heart Failure How long 2 days

Are the name, age, sex, color, date and place correctly given above? ye

Signature of Physician J. M. White Address Denton Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

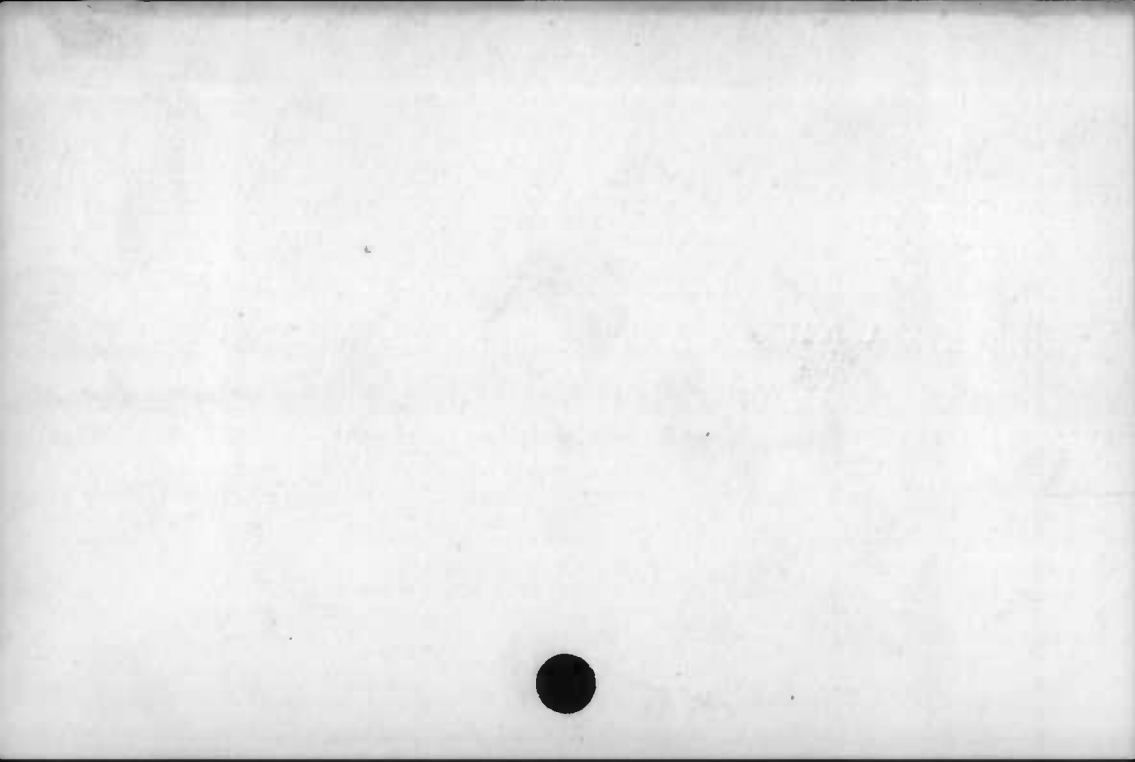
Died at <i>Mar Goldsboro</i> <small>Town</small> <i>North Carolina</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i> <small>Month</small> <i>4</i> <small>Day</small> <i>16</i> <small>Age</small> <i>51</i> <small>Years</small> <i>8</i> <small>Months</small>	<small>Days</small>		
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed		Name of Wife or Husband <i>—</i>	
Father's Name <i>Isaac Guessford</i>		Father's Birthplace <i>Blawan</i>	
Mother's Maiden Name <i>Odella Shahan</i>		Mother's Birthplace <i>Blawan</i>	
Name of person giving information <i>Jacob Shahan</i>		How related to deceased <i>Uncle</i>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 days</i>
Immediate <i>pneumonia</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Smith, M.D.</i>
	Address <i>Campsville, Md.</i>
Accident or Suicide? <i>—</i>	



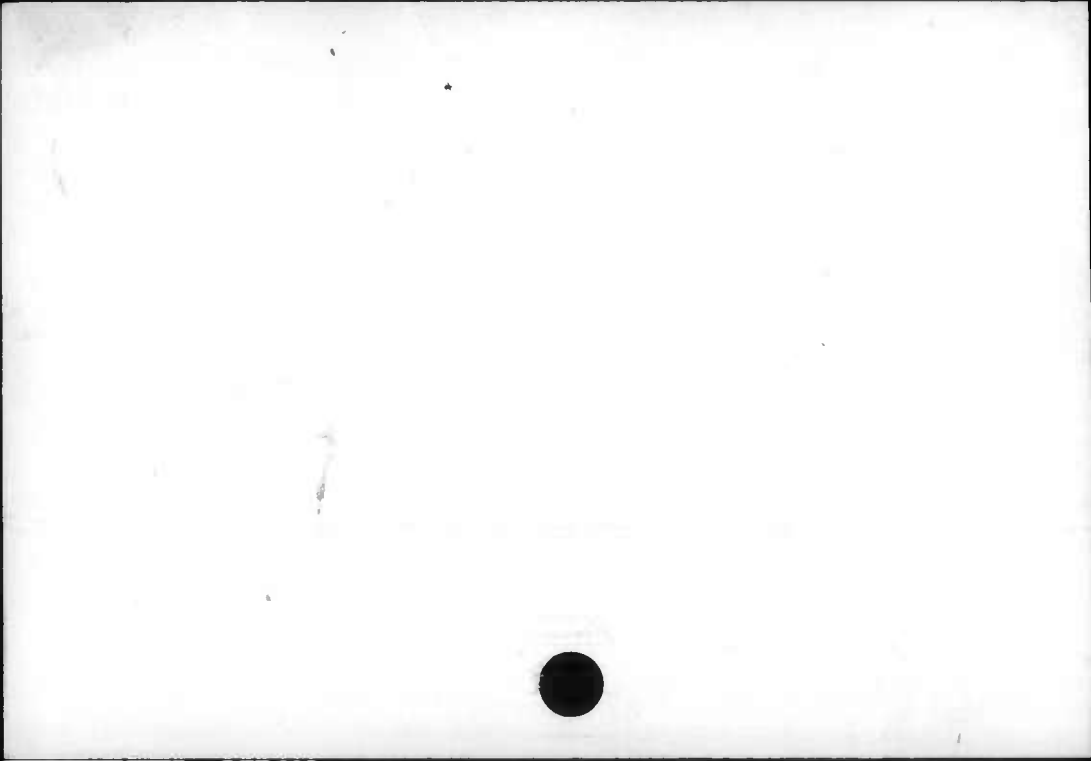
me
in
Full

NEAREST FRIEND

OR CORONER

Certificate of Death		MARYLAND	
Died at <i>Goldsboro</i>		County <i>Caroline</i>	
Date of death <i>1909</i>	Month <i>4</i>	Day <i>28</i>	Age <i>87</i>
Sex <i>Female</i>	Color or Race <i>B</i>	Birth-place <i>Caroline Co.</i>	
Occupation <i>House-work</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Perly Scribner</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Polly Henry</i>	Mother's Birthplace <i>Maryland.</i>		
Name of person giving Information <i>Edward Henry</i>	How related to deceased <i>Son</i>		
CAUSES OF DEATH			
Primary <i>Fragile Debility</i>	How long <i>1 yr</i>		
Immediate <i>Exhaustion</i>	How long <i>6 mos.</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>		
	Address <i>Goldsboro Md</i>		
Accident or Suicide			

154



Name
in
Full

Katie Hicks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

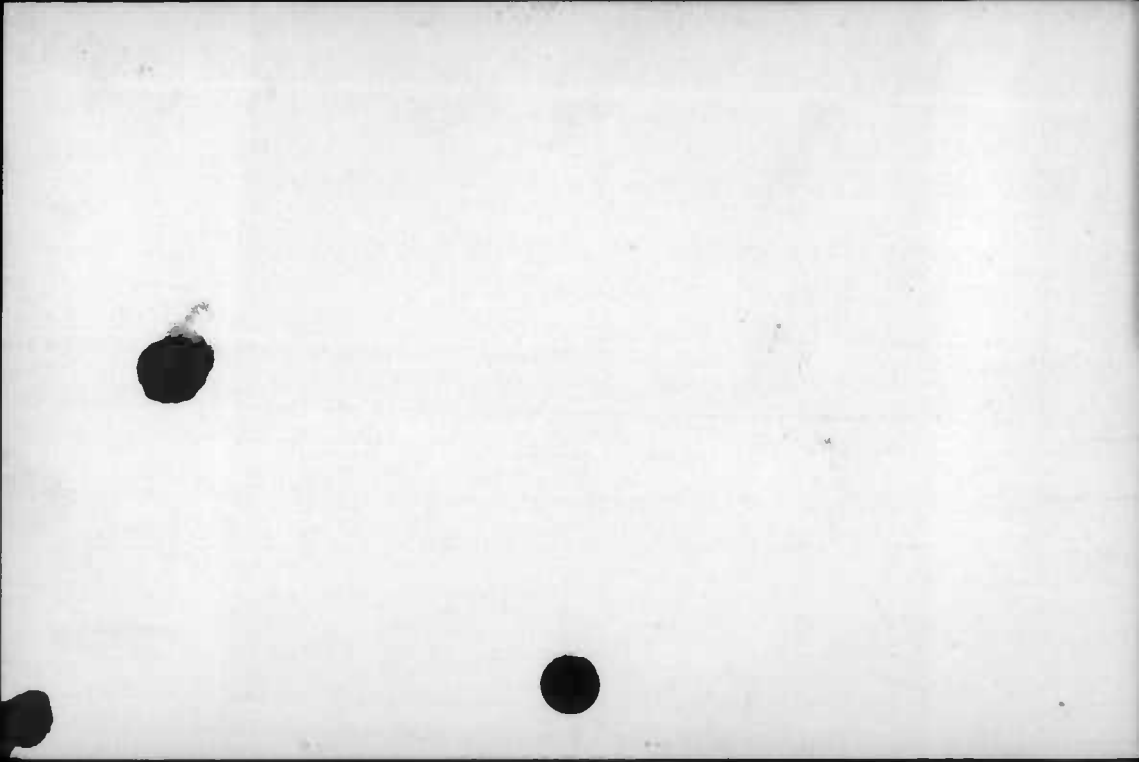
Died at <u>Denton</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	Month <u>4</u>	Day <u>27</u>	Age <u>18</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Md.</u>			
Occupation <u>Servant</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>John Hicks</u>	Father's Birthplace <u>Md.</u>		Mother's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Annie Collins</u>	How related to deceased <u>Father</u>		Name of person giving information <u>John Hicks</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis of Lung</u>	How long <u>1 year</u>
Immediate <u>Bright's Disease</u>	How long <u>2 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>F. W. Nichols</u>
	Address <u>Denton Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Frank, R. Still

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

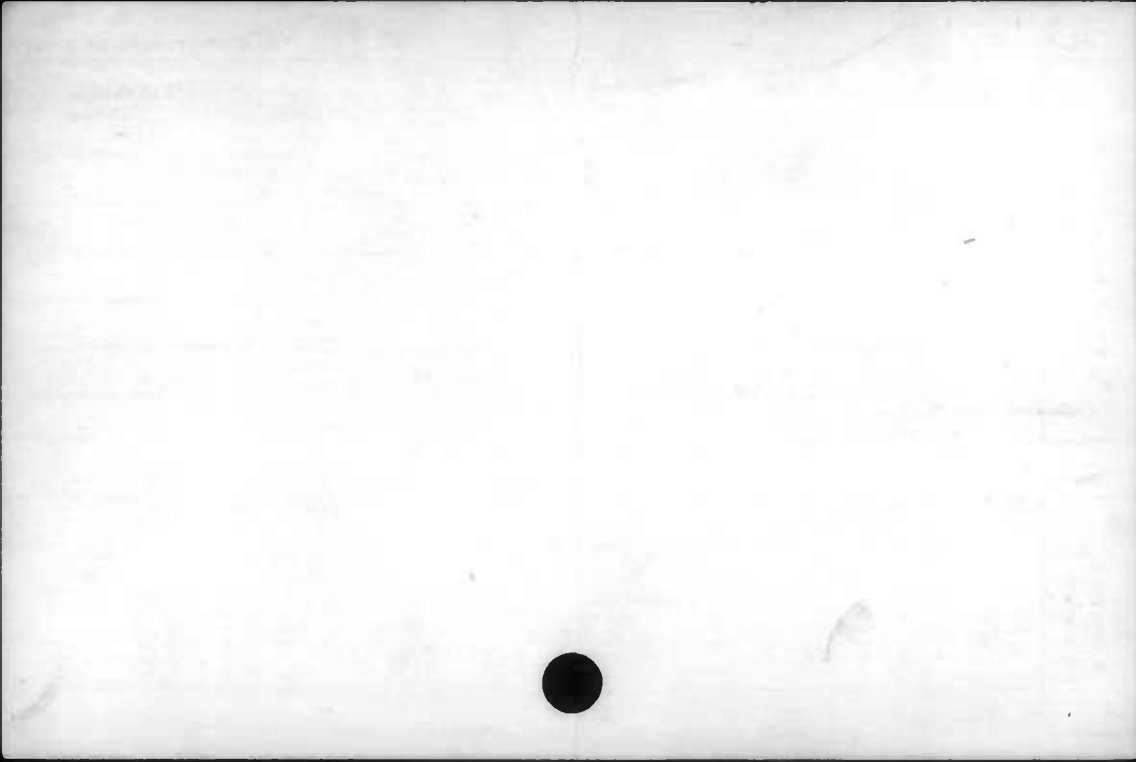
Died at		Town Nichols		County Caroline		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909 Apr.			13	32		7	19
Sex	Male		Color or Race	White		Birth-place	Orwell Pa.
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Nellie Foster			
Father's Name	Lester M. Still				Father's Birthplace	Orwell Pa	
Mother's Maiden Name	Susan Adella Still				Mother's Birthplace	Orwell Pa	
Name of person giving Information	Susan Still				How related to deceased	Mother	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis		How long	1 Yrs.
Immediate	Dionhorrea		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	F. J. Brooks,
			Address	Federalsburg Md,
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

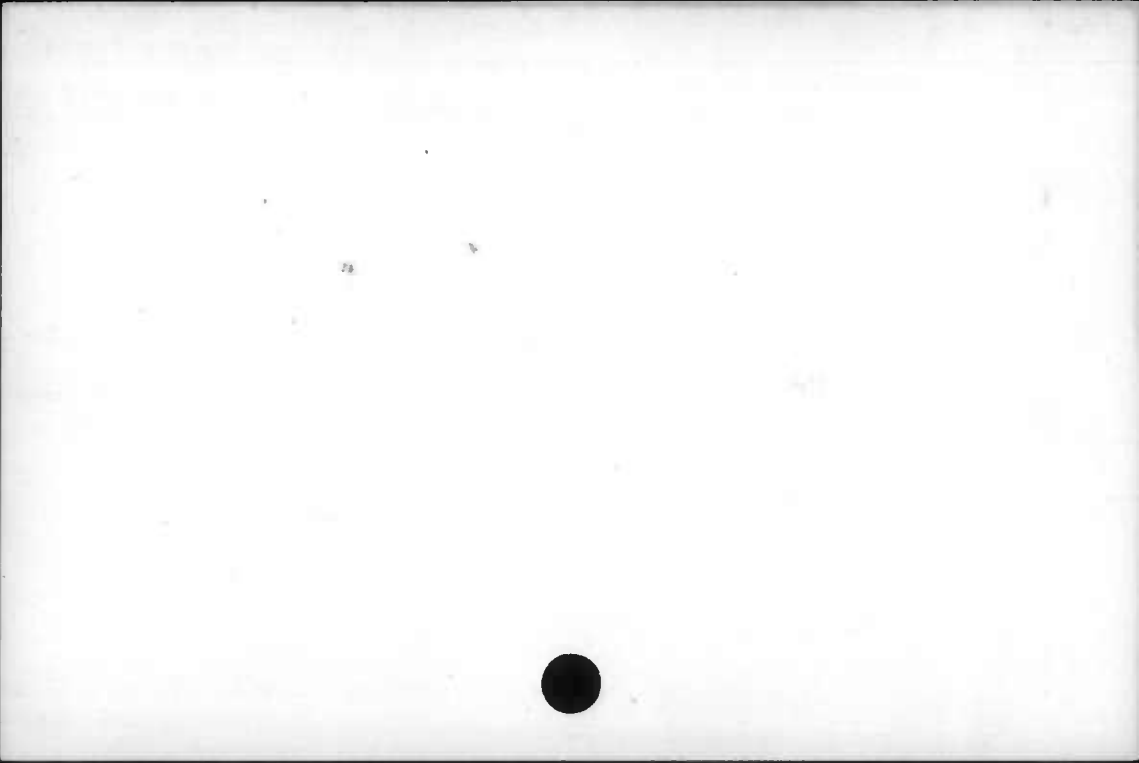
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Hillsboro</i>		County <i>Crossine</i>		MARYLAND	
Date of death <i>1909 Apr. 13</i>		Age <i>18</i>		Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birthplace <i>Ind.</i>			
Occupation <i>Iron laborer</i>	Where Residing if not at place of death <i>Here Andersontown</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Maggie James</i>	Mother's Birthplace <i>Ind.</i>				
Name of parson giving Information <i>John Wright</i>	How related to deceased <i>Brother-in-law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>66</i>
Immediate <i>Paralysis - Natural causes</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. B. Rowe, M.D.</i>
	Address <i>Hillsboro, Ind.</i>
Accident or Suicide <i>No</i>	



Name
in
Full

Louise Garman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>W. Pennington Farm</i>		County <i>Caroline</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Apr.</i>	Day <i>18</i>	Age	Months <i>Three</i> Days <i>one</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Pennington Farm</i>		
Occupation _____			Where Residing if not at place of death <i>Place of death</i>		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Clarence Garman</i>			Father's Birthplace <i>Caroline Co</i>		
Mother's Maiden Name <i>Pearl Perkins</i>			Mother's Birthplace <i>Caroline Co</i>		
Name of person giving information <i>Wilhemina Perkins</i>			How related to deceased <i>Grandmother</i>		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Convulsions</i>	How long <i>Less than an hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo H. Leaven</i>
	Address <i>acting coroner.</i>
Accident or Suicide?	

(12)



Name
in
Full

Mildred Louise Kennedy X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Denton Town Caroline County MARYLANDDate of death 1909 Month 4 Day 3 Age 8 Years Months DaysSex Female Color or Race White Birth-place MD

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name John Kennedy Father's Birthplace MDMother's Maiden Name Ruth Nichols Mother's Birthplace MDName of person giving Information John Kennedy How related to deceased Father

CAUSES OF DEATH

61

Primary Acute Meningitis How long 1 dayImmediate Acute Meningitis How long 1 dayAre the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. M. NicholsAddress Denton MD

Accident or Suicide

PHYSICIAN
OR CORONER



Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Nicholas Kirsch* Town *Ridgely* County *Caroline* MARYLAND

Died at *new*

Date of death *1909* Month *April* Day *24* Age *42* Months *10* Days *23*

Sex *Male* Color or Race *White* Birthplace *France*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Clementine Chabertier*

Father's Name *Theobald Kirsch* Father's Birthplace *France*

Mother's Maiden Name *Barbara Kirsch* Mother's Birthplace *France*

Name of person giving Information *Clementine Kirsch* How related to deceased *wife*

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

Primary *Spinal Prostatitis* How long *Ten years*

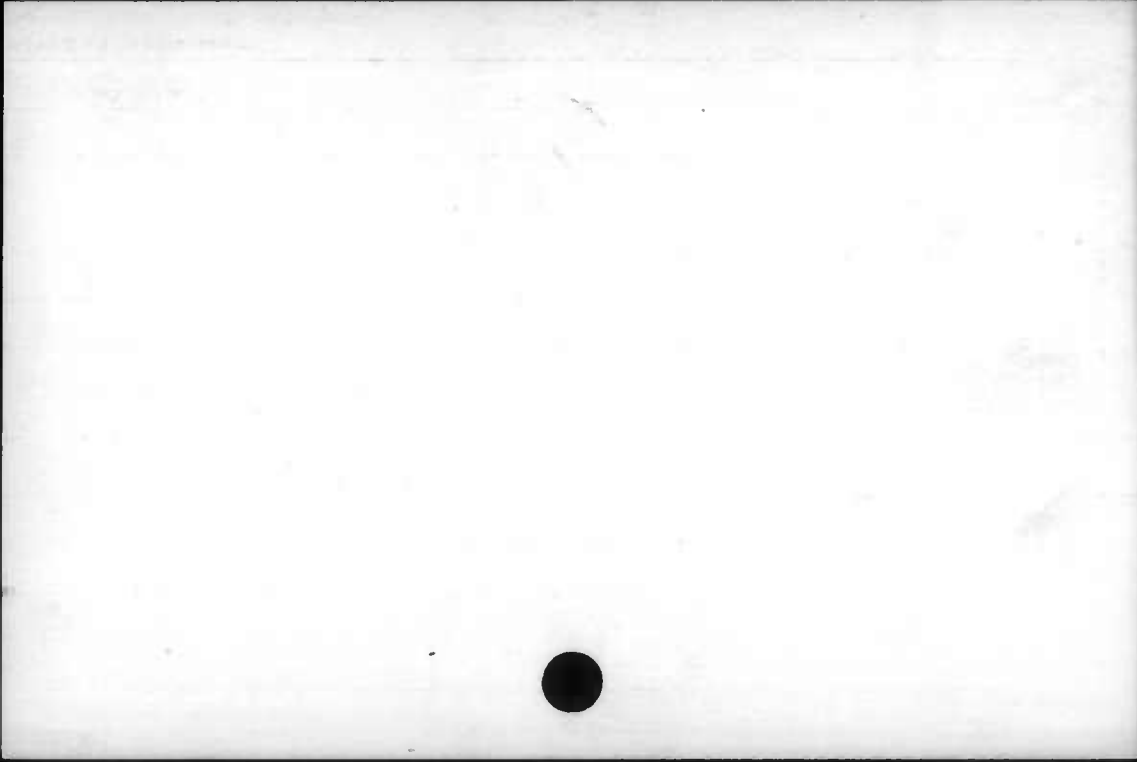
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. S. Stone M.D.*

Address *Ridgely Md.*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

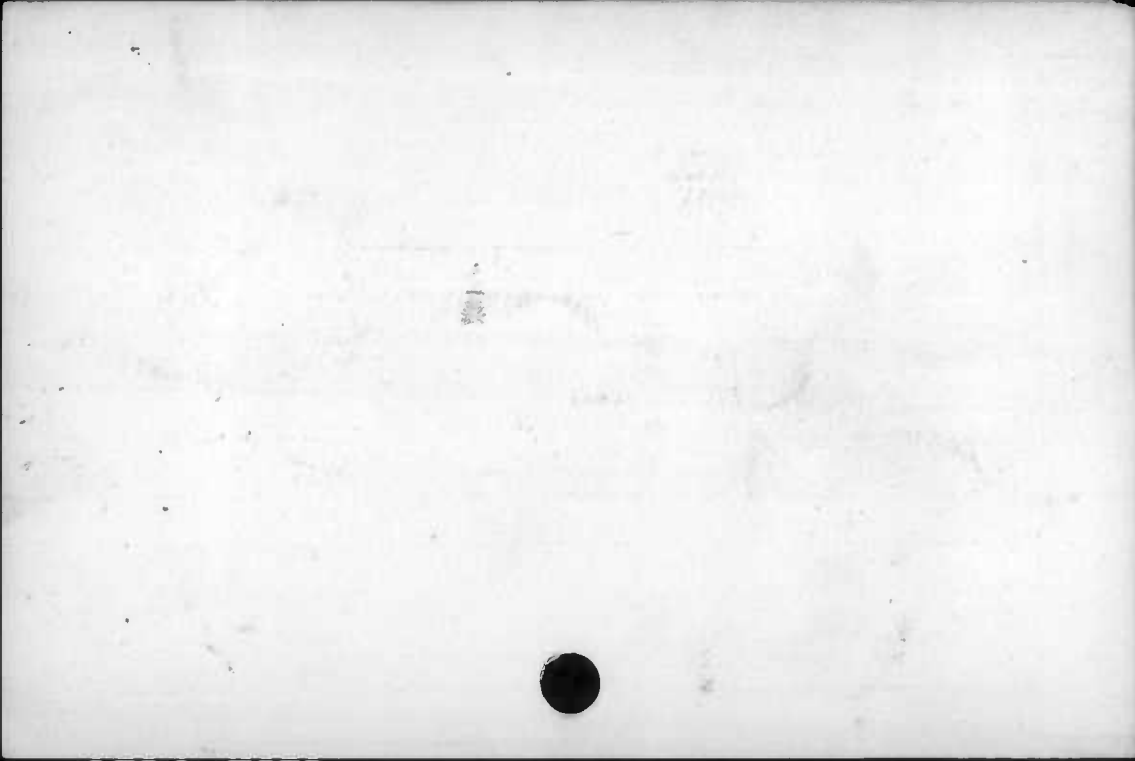
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lora</i>		County <i>Caroline</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Apr	20				
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Tenn</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Harvard Lora</i>		Father's Birthplace <i>Mo</i>					
Mother's Maiden Name <i>Gary</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>JJ Lora</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	How long	<i>24</i>
Immediate	<i>DD</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Raymond D. Jones</i>	
		Address <i>Orlando</i>	
Accident or Suicide?			



Name
in
Full

Mary Jane Low X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

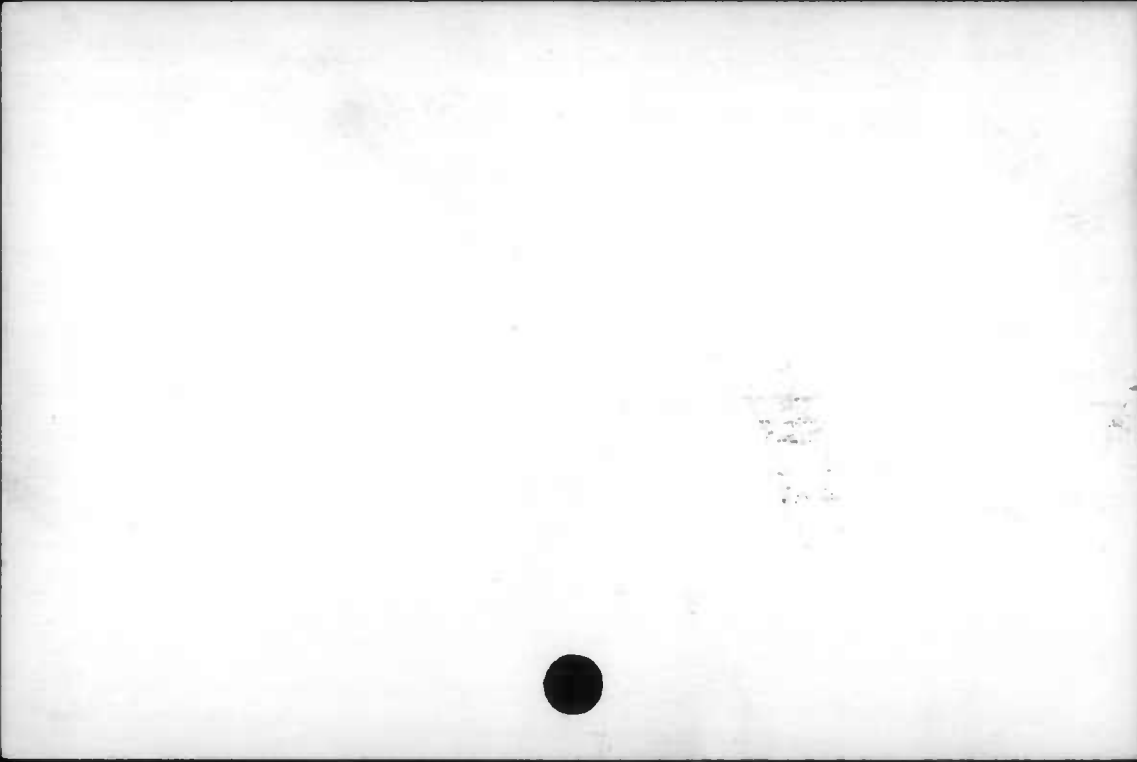
Died at ^{Town} <i>Brenton</i>		^{County} <i>Caroline</i>			
Date of death <i>1909</i>		^{Month} <i>Apr</i>	^{Day} <i>4</i>	^{Years} <i>82</i>	^{Months} <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Talbot Co Md</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Near Preston</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Edmond Low</i>			
Father's Name <i>Catrup</i>		Father's Birthplace <i>Talbot Co Md</i>			
Mother's Maiden Name <i>Donk Knowl</i>		Mother's Birthplace <i>Donk Knowl</i>			
Name of person giving Information <i>Aunt Chambers</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Phthisis</i>	How long <i>30 years</i>
Immediate <i>Grippe</i>	How long <i>14 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Wolfe</i>
	Address <i>Preston Md.</i>
Accident or Suicide	



Name
in
Full

Paul Fisher Lynch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

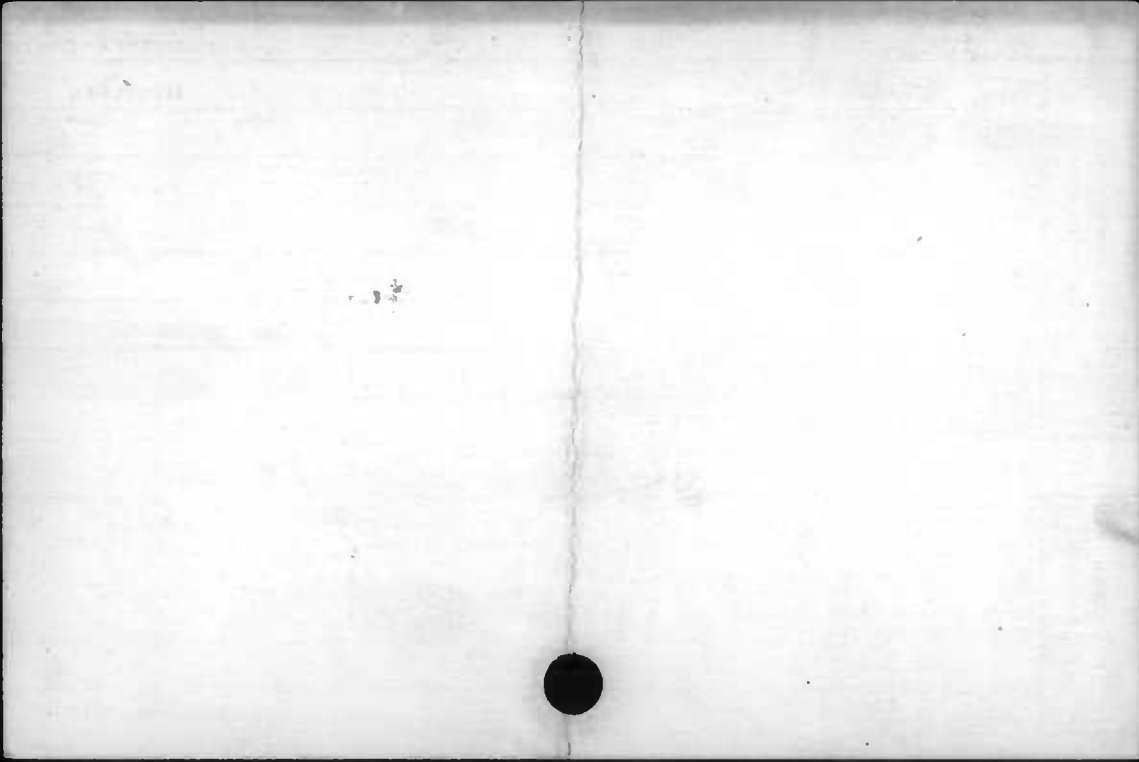
Died at American Corner		Town American Corner		County Caroline		State MARYLAND	
Date of death 1909		Month Apr.	Day 20	Age 1	Years	Months	Days
Sex Male		Color or Race White		Birth-place American Corner			
Occupation Child				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Emery Lynch				Father's Birthplace Queen Anne Co			
Mother's Maiden Name Annie Wright				Mother's Birthplace Preston Md.			
Name of person giving Information Annie Lynch				How related to deceased Mother			

CAUSES OF DEATH

(19)

PHYSICIAN
OR CORONER

Primary	Purcella	How long	1 week.
Immediate	Pneumonia	How long	4 days.
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	F. J. Brooks
Yes.		Address	Federalburg Md.
Accident or Suicide			



Charles Montague X

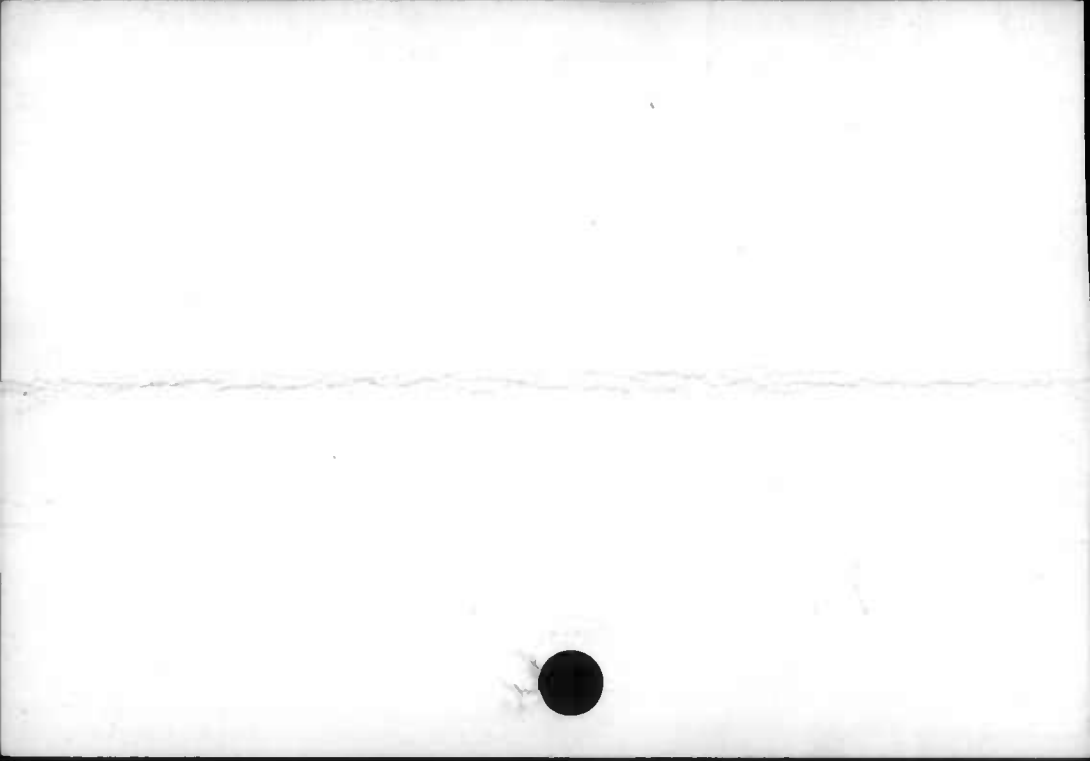
CERTIFICATE OF DEATH

Died at		Town Henderson		County Caroline		MARYLAND	
Date of death		Month 9	Day Apr.	Age	Years 54	Months 11	Days 22
Sex		Male		Color or Race		White	
Occupation		Laborer		Birth-place		Caroline Co Md	
Married, Single or Widowed		Married		Name of Wife or Husband		Kate Montague	
Father's Name		William Montague		Father's Birthplace		Unknown	
Mother's Maiden Name		Mary Ann Marshall		Mother's Birthplace		Caroline Co Md	
Name of person giving information		Kate Montague		How related to deceased		Wife	

CAUSES OF DEATH

Primary	Rheumatism	How long	8 days
Immediate	Endocarditis	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. Wilson	
Address		Goldboro, Md	
Accident or Suicide			

47



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

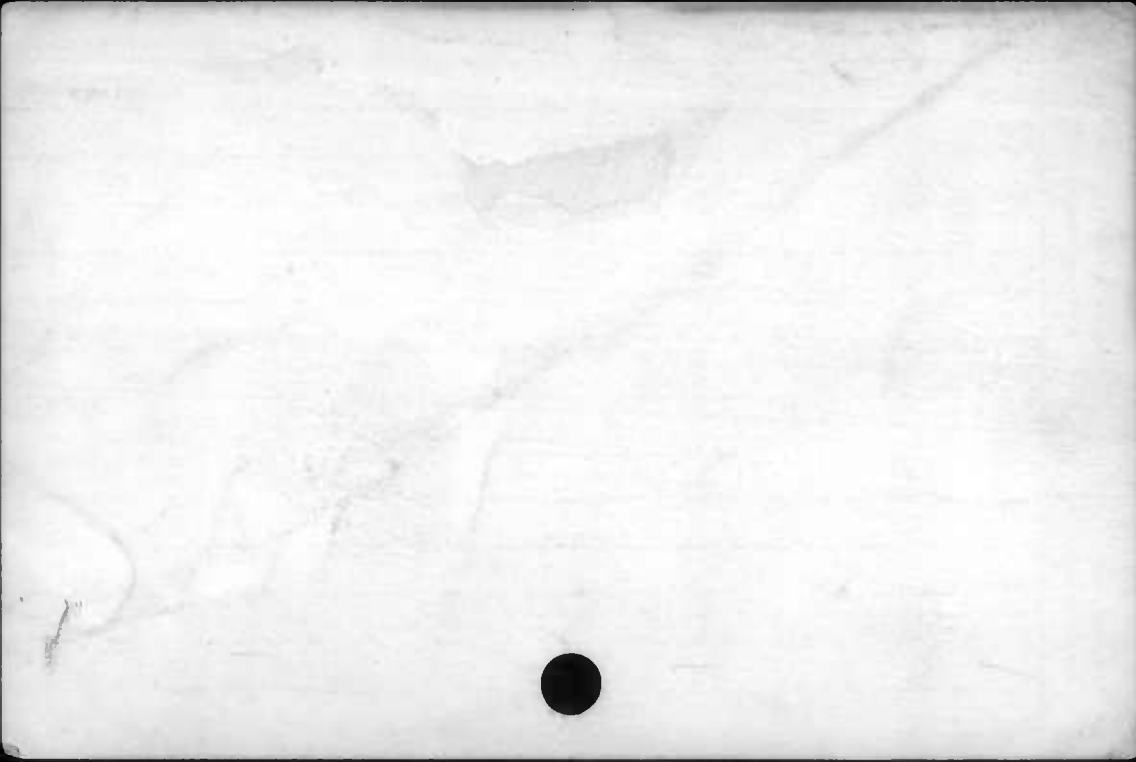
Died at <i>Denton</i>		Town <i>Denton</i>		County <i>Caroline</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>4</i>	Day <i>19</i>	Age <i>22</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>				
Occupation <i>Barber</i>			Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Charles H. Moomy</i>				Father's Birthplace <i>France</i>			
Mother's Maiden Name <i>Josephine Colgan</i>				Mother's Birthplace <i>Md</i>			
Name of person giving Information <i>Samuel Colgan</i>				How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

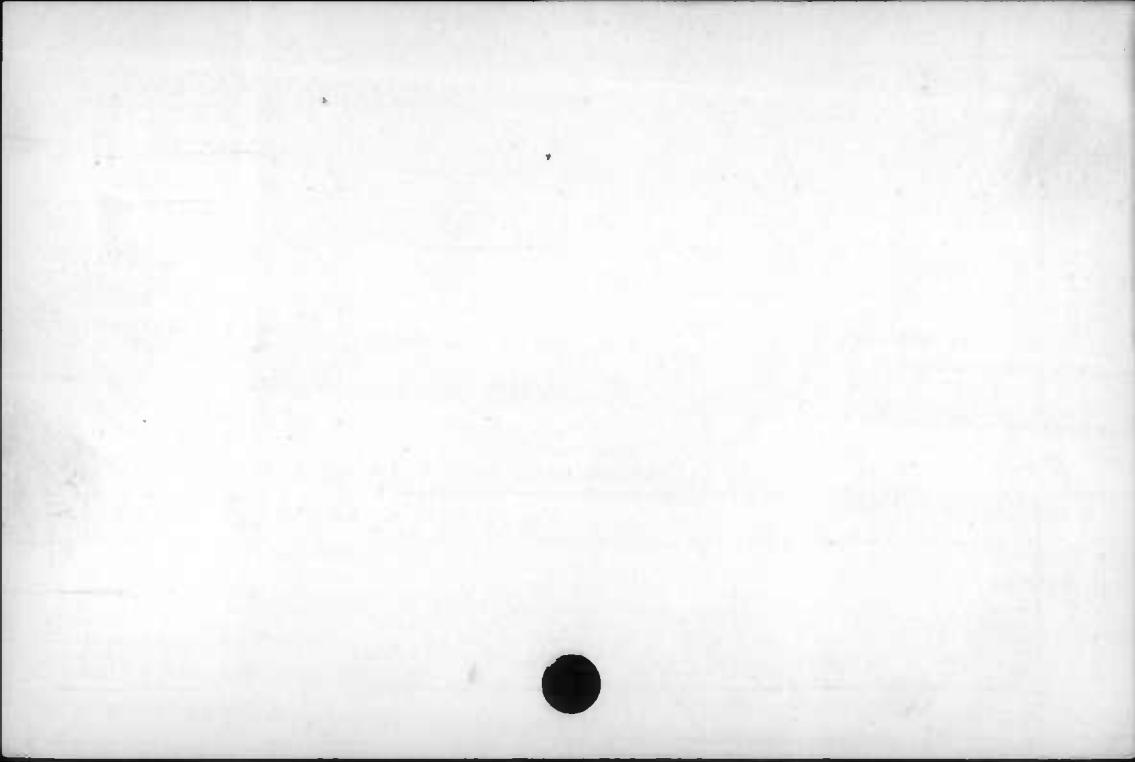
Primary	<i>Pulmonary Tuberculosis</i>	How long <i>2 years</i>
Immediate	<i>Same</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>P. R. Fisher</i>
		Address <i>Denton Md</i>
Accident or Suicide <i>None</i>		



Name in Full Howard Morgan		CERTIFICATE OF DEATH	
Died at Greensboro		County Caroline	
State MARYLAND			
Date of death 1909	Month 4	Day 30	Age 33
Sex Male	Color or Race White	Birthplace Denton Md	
Occupation Farming	Where Residing if not at place of death Greensboro		
Married, Single or Widowed Widowed	Name of Wife or Husband Lucy Morris		
Father's Name John Morgan	Father's Birthplace Caroline Co		
Mother's Maiden Name Martha Simpson	Mother's Birthplace " "		
Name of person giving information Mrs Theo Courney	How related to deceased 2 1/2 years ago		
CAUSES OF DEATH			
Primary Consumed Tuberculosis	How long 3 mo		
Immediate Pneumonia	How long 2 weeks		
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J R R Adams		
	Address Greensboro		
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George H. F. Murray* Town *Denton* County *Caroline*

Died at *Denton* *MARYLAND*

Date of death 190 *9* Month *4* Day *9* Age *1* Years Months *4* Days *—*

Sex *male* Color or Race *Black* Birth-place *Ind*

Occupation *none* Where Residing if not at place of death *same*

Married, Single or Widowed *single* Name of Wife or Husband *none*

Father's Name *George Murray* Father's Birthplace *Ind*

Mother's Maiden Name *Margaret Eddan* Mother's Birthplace *Ind*

Name of person giving Information *Geo. Murray* How related to deceased *Father*

CAUSES OF DEATH

93

Primary *Pneumonia* How long *One week*

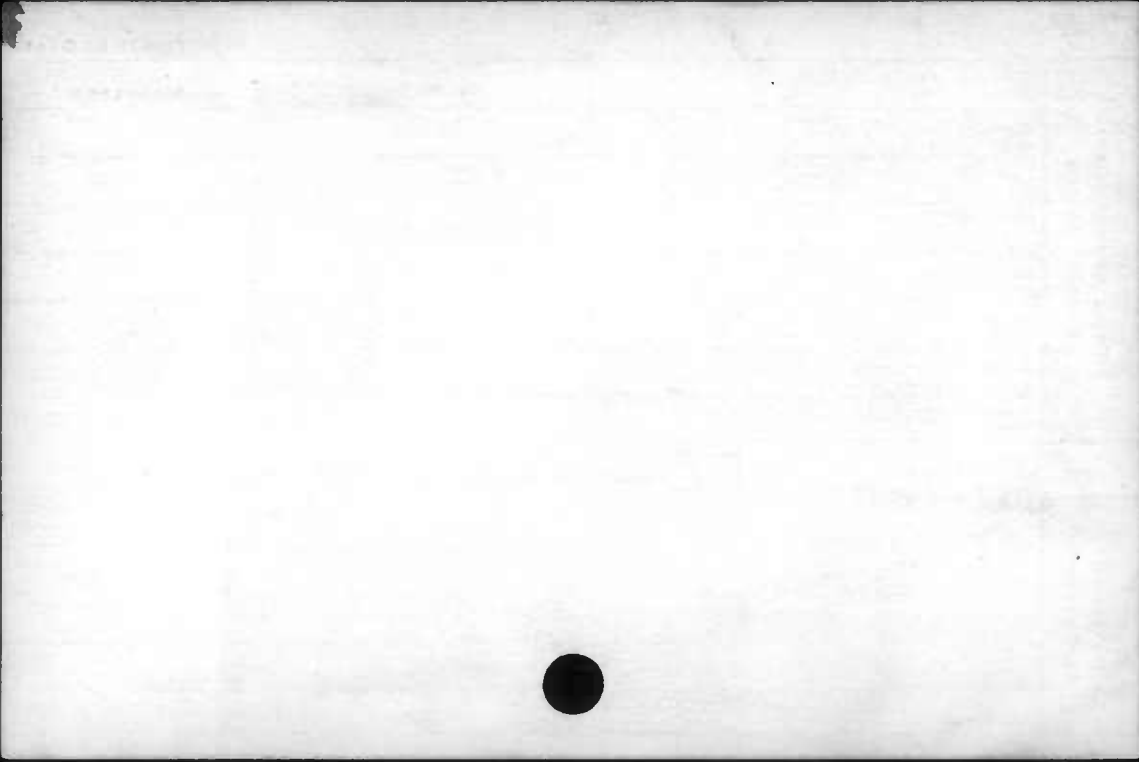
Immediate *same* How long

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. R. Fisher*

Address *Denton*

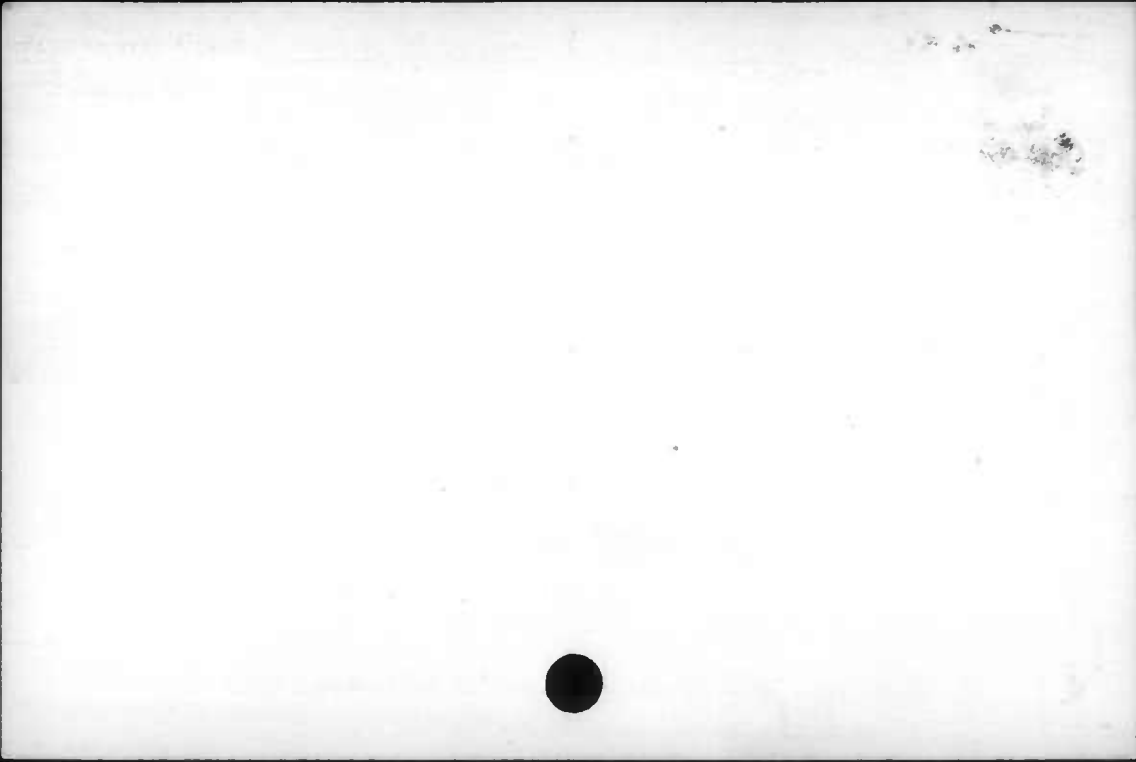
Accident or Suicide *—*

PHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

CAUSES OF DEATH



Name
in
Full

Adam D Prattis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Federalburg* ^{County} *Caroline* **MARYLAND**

Date of death 1909 ^{Month} *April* ^{Day} *22* ^{Years} *66* ^{Months} ^{Days}

Sex *Male* Color or Race *Black* Birth-place *Caroline Co.*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Jane Francis Prattis*

Father's Name *Isaac Prattis* Father's Birthplace *Caroline Co*

Mother's Maiden Name *Cassie Morlock* Mother's Birthplace *Caroline Co*

Name of person giving Information *John F Prattis* How related to deceased *Son.*

CAUSES OF DEATH

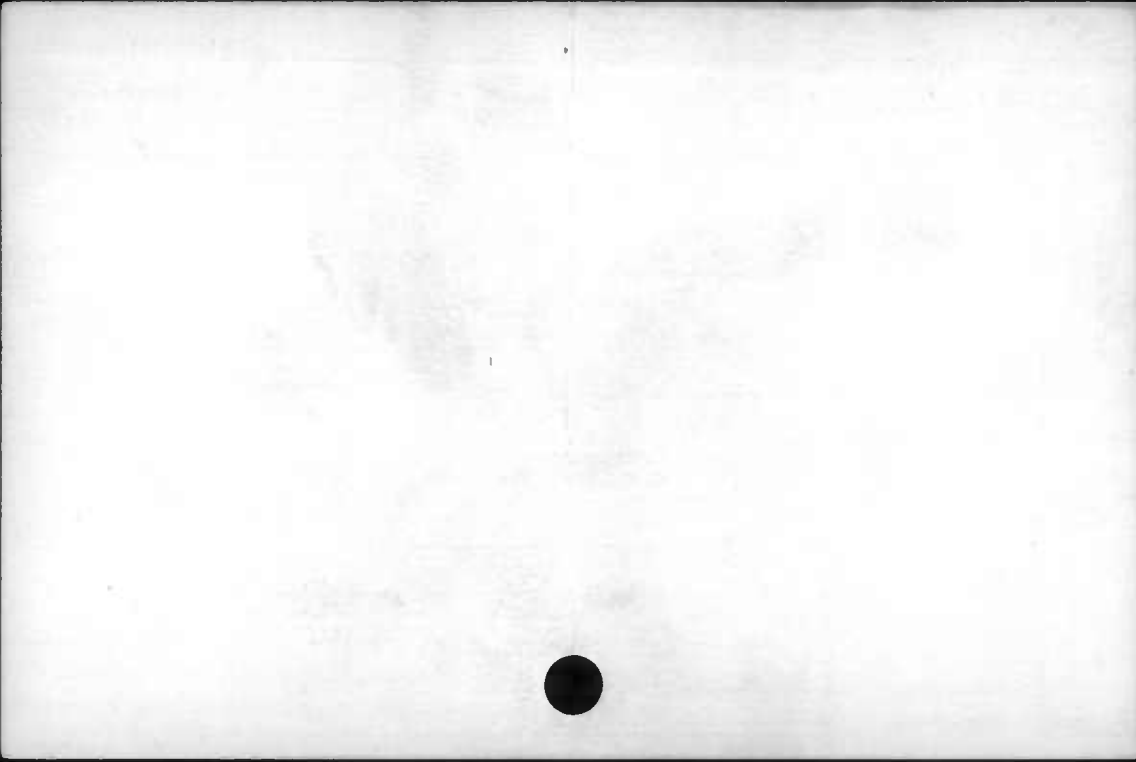
Primary *Apoplexy* *64* How long *3 days.*

Immediate *Yes* Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *F. J. Brooks*

Address *Federalburg Caroline Co Md.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Preston Town Caroline County MARYLAND

Date of death 1909 4 Month 28 Day Years Months Days

Sex Male Color or Race Colored Birth-place Ms

Occupation none Where Reaiding if not at place of daath same

Merried, Single or Widawed Single Name of Wife or Husband None

Father's Name Gorfuus Spay Father's Birthplace Ms

Mother's Meiden Nama Adella Dickinson Mother's Birthplace Ms

Name of person giving Information Gorfuus Spay How related to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born

How long

Immediata

How long

Are the name, age, sex, color, data and place correctly given above?

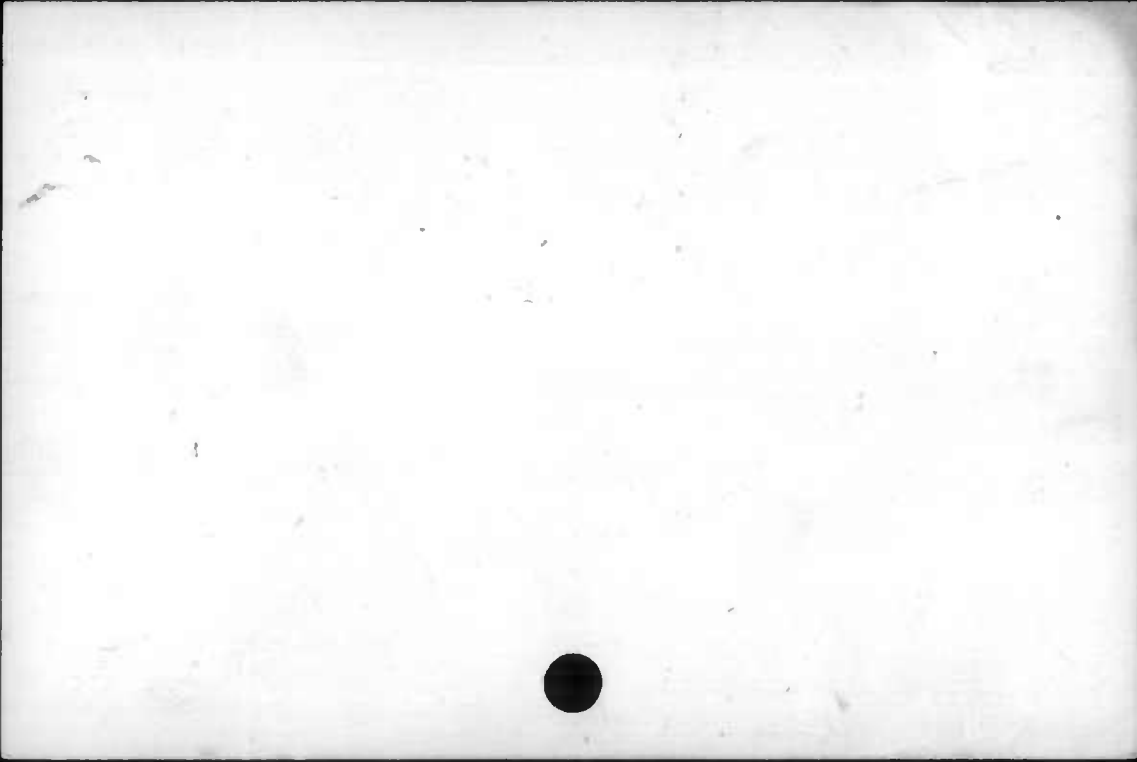
Signature of Physician

Address

Raymond Downer

Preston

Accident or Suicide



Name
in
Full

Edwin Swiggert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad et <i>Greensboro</i> Town		<i>Caroline</i> County		MARYLAND	
Date of daath <i>1909</i> Month <i>Apr</i> Day <i>11</i> Years <i>26</i>		Months <i>6</i>		Days <i>15</i>	
Sex <i>Male</i>		Color or Rscs <i>Black</i>		Birth-place <i>Greensboro</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death _____			
Marriad, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Irene Berry Swiggert</i>			
Fether's Neme <i>Unknown</i>		Fathar's Birthplace _____			
Mother's Maiden Neme <i>Annie Swiggert</i>		Mother's Birthplace <i>Caroline Co., Md.</i>			
Neme of parson giving Information <i>Wm Howard Swiggert</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>One year</i>	
Immediete <i>Tuberculosis</i>		How long _____	
Are the neme, age, sex, color, date end place correctly given above? <i>Yes</i>		Signature of Physician <i>W. W. Facerbrook</i>	
		Address <i>Greensboro, Md.</i>	
Accident or Suicide			



Name in Full		Mabel Walls				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died ma Ridgeley ^{Town}		Caroline ^{County}		MARYLAND	
		Date of death 1909		Age 7		Months 3	
		Sex Female		Color or Race White		Birth place Caroline Co	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name Louis Walls				Father's Birthplace Md	
		Mother's Maiden Name Lizzie Blanton				Mother's Birthplace Md	
		Name of person giving information Louis Walls				How related to deceased Father	
		CAUSES OF DEATH				(7)	
PHYSICIAN OR CORONER		Primary Scarlet Fever				How long 1 week	
		Immediate Exhaustion				How long 48 hours	
		Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician J. C. Madara	
						Address Ridgeley Md.	
		Accident or Suicide? <u>—</u>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ges Lervey Washington</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Federalburg</i>		Month <i>Apr</i>		Day <i>9</i>		Years <i>6</i>	
Date of death <i>1909</i>		Age <i>6</i>		Months <i>6</i>		Days <i>6</i>	
Sex <i>male</i>		Color or Race <i>black</i>		Birth-place <i>md</i>			
Occupation <i>none</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Wesley Washington</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Drene Dickerson</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>Ges Washington</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>bronchitis</i>	How long <i>8 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B Kemp Jefferson</i>
	Address <i>Federalburg md</i>
Accident or Suicide	



Name
in
Full

Mary Emily Webb

X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

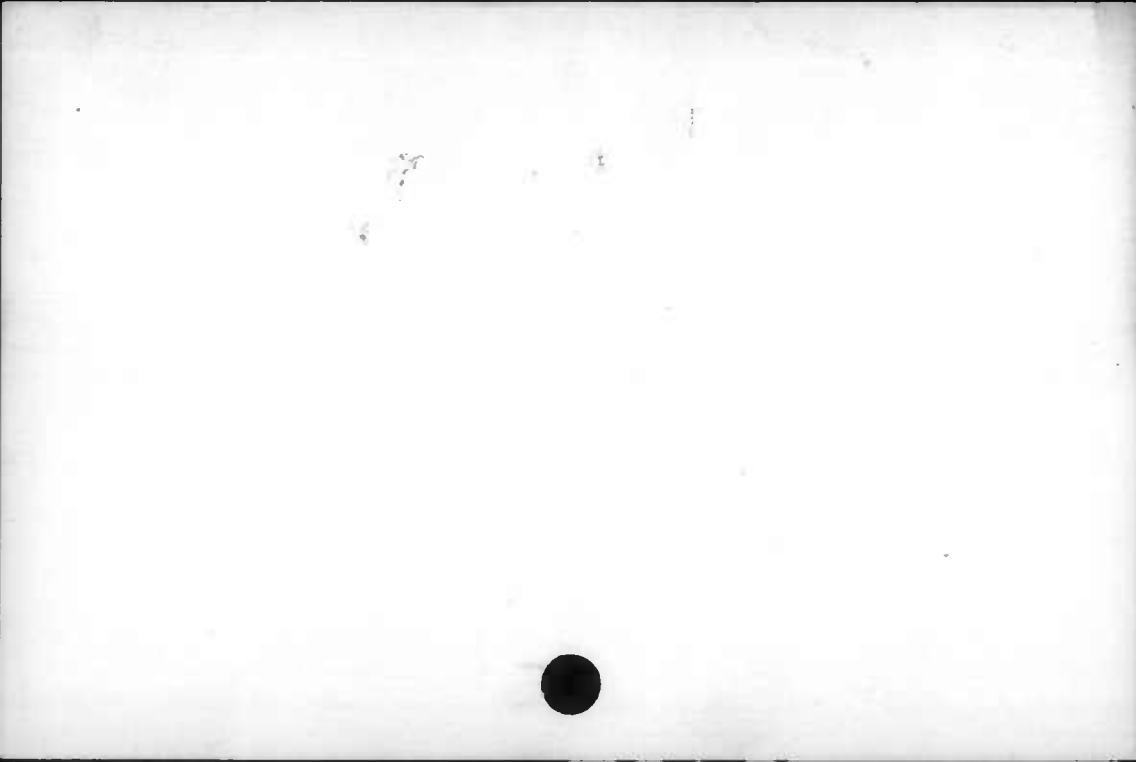
Died at		Town Preston		County Caroline		MARYLAND	
Date of death		1909	Month Apr	Day 13	Age 54	Months —	Days —
Sex		Female		Color or Race Black		Birth- place Caroline Co Md	
Occupation		Housework		Where Residing if not at place of death —			
Married, Single or Widowed		widow		Name of Wife or Husband Benjamin Webb.			
Father's Name		Anthony Chambers				Father's Birthplace Caroline Co Md	
Mother's Maiden Name		Harick, Don't know				Mother's Birthplace Caroline Co Md	
Name of person giving Information		Springer Butler				How related to deceased Son	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Hemiplegia	How long	3 mo
Immediate	Progressive Paralysis	How long	3 mo
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J L Hobbs	
Address		Preston Md.	
Accident or Suicide			



Name
in
Full

Irishanna Webster

CERTIFICATE OF DEATH

Died at ^{Town} Goldsboro ^{County} Dare

MARYLAND

Date of death 1909 ^{Month} 4 ^{Day} 8 Age ^{Years} 56 ^{Months} - ^{Days} -Sex ^{Female} Color or Race ^B Birthplace ^{Beall & Md}
Occupation ^{Saleswoman}Where Residing if not
at place of deathMarried, Single or Widowed ^{Widowed} Name of Wife or HusbandFather's Name ^{Unknown}Father's Birthplace ^{Unknown}Mother's Maiden Name ^{Unknown}Mother's Birthplace ^{Unknown}Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

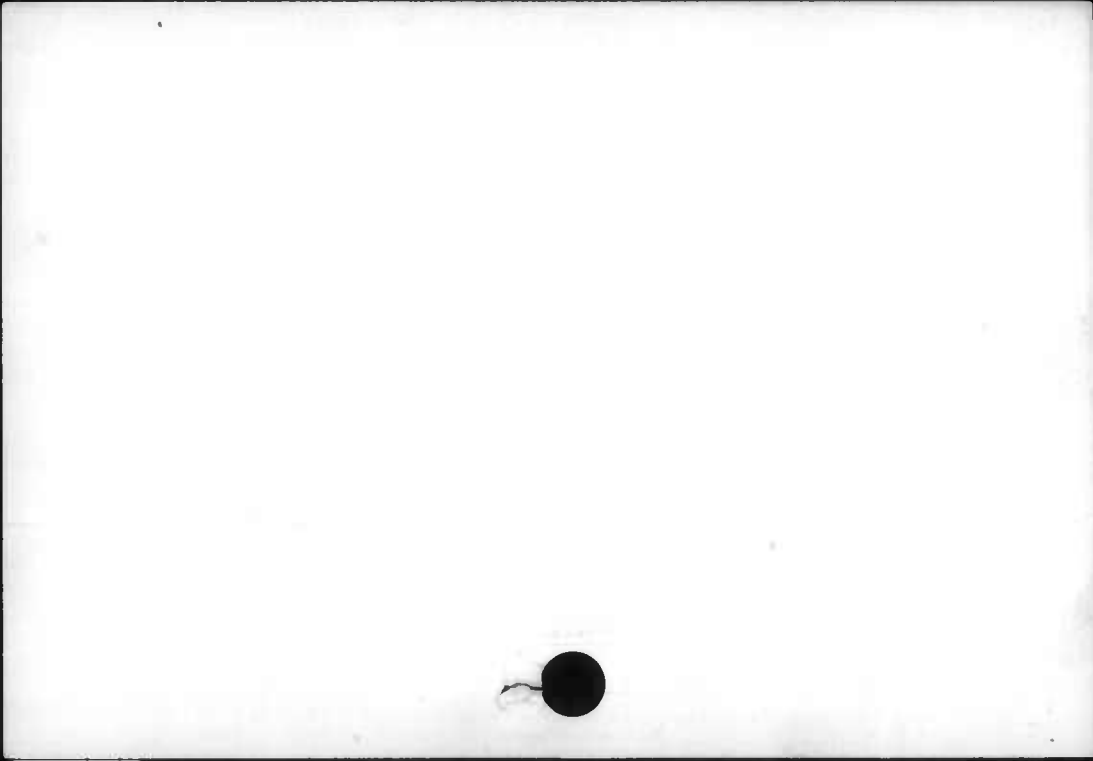
Address

Accident or Suicide

NEAREST FRIEND

OR CORONER

C



Name
in Full

Lula O. Wilkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

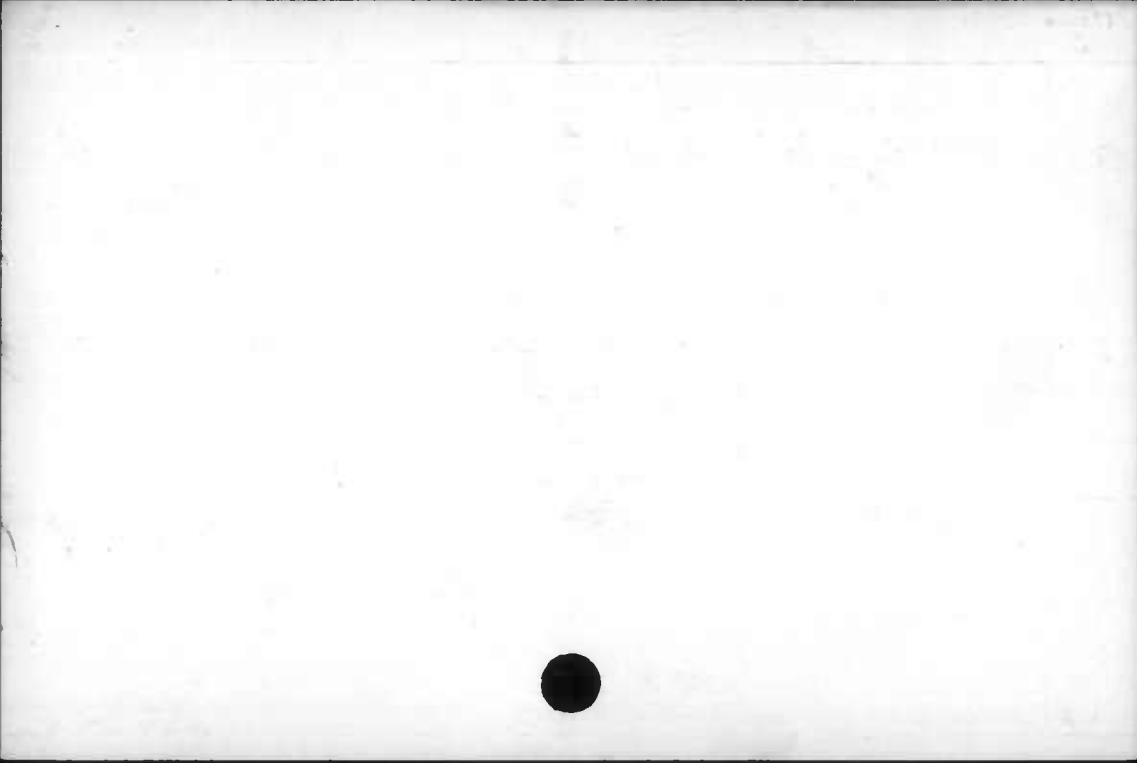
Died at <i>Near Hermann</i>		County <i>Caroline</i>		MARYLAND	
Date of death	Month <i>April</i>	Day <i>16</i>	Years <i>30</i>	Months <i>4</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Ind.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Died at home</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Oliver Wilkins</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Anna Pooling</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving Information	How related to deceased <i>none</i>				

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

Primary <i>Erysipelas</i>	How long <i>3 days</i>
Immediate <i>Blood poisoning</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John S. Hedway</i>
	Address <i>Preston Ind.</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Leonora Wilson

Town *Ridgely* County *Carroll* MARYLAND

Died at *Ridgely*

Date of death 190 *9* Month *4* Day *12* Age *9* Years Months Days

Sex *Female* Color or Race *W.C.* Birth-place *W.C.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Robt. Wilson* Father's Birthplace *W.C.*

Mother's Maiden Name *Marion Pritchett* Mother's Birthplace *W.C.*

Name of person giving information *Robt Wilson* How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Inanition* How long *9 days*

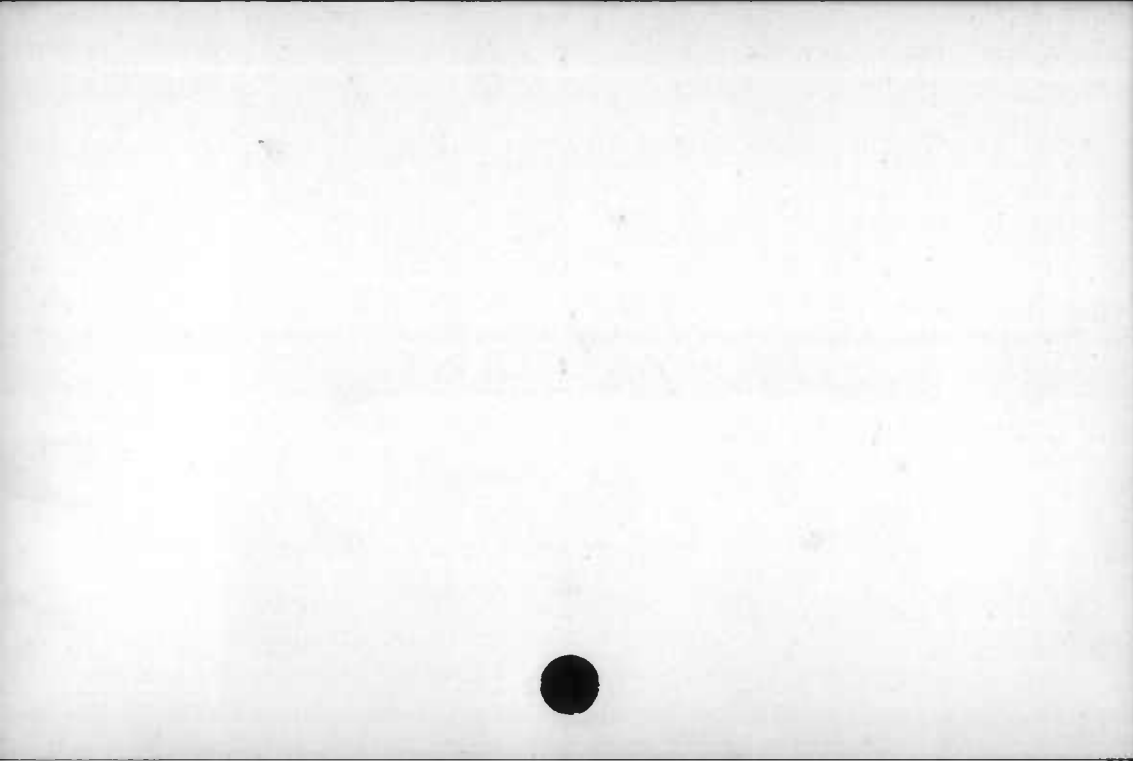
Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. D. [Signature]*

Address *Ridgely*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Cornelius A. Bright</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Died at		Month <i>Apr</i>		Day <i>11</i>		Years <i>85</i>	
Date of death <i>1909</i>		Months		Days			
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>md</i>			
Occupation, <i>farmer</i>		Where Reaiding if not et place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Margaret C. Bright</i>					
Fether's Name <i>Joshua Bright</i>		Father's Birthplace <i>md</i>					
Mother's Melden Name <i>Mary C. Hutchinson</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>Annie Bright</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Brights</i>	How long <i>several years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. Kemp Jefferson</i>
	Address <i>Federalburg</i>
Accident or Suicide	<i>md</i>

10-1

